

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90037 034 ****50.00

DOCUMENT # L99000007629

1. Entity Name

BIRTHWATCH PRODUCTS, L.L.C.



Principal Place of Business

**4044-104 WEST LAKE MARY BLVD., PMB 328
LAKE MARY FL 32746-2012**

Mailing Address

**4044-104 WEST LAKE MARY BLVD., PMB 328
LAKE MARY FL 32746-2012**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3607436**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WEATHERFORD, WILLIAM P JR.
1031 WEST MORSE BOULEVARD, SUITE 105
WINTER PARK FL 32789**

7. Name and Address of New Registered Agent

Name
William P. Weatherford, Jr.
Street Address (P.O. Box Number is Not Acceptable)
1150 Louisiana Avenue
Suite 4
City
XXXXX Winter Park **FL** Zip Code
32789

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
HANDY, JEFFREY D
4044-104 W. LAKE MARY, PMB 328
LAKE MARY FL 32746-2012** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
CAMPAGNA, MARK R
4044-104 W. LAKE MARY, PMB 328
LAKE MARY FL 32746-2012** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

SIGNATURE REQUIRED

4/10/03

407.893.0947

CR2E083 (10/02)

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