

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M00000002692

1. Entity Name

WILMARE SYSTEMS LLC

Principal Place of Business

Mailing Address

4134 Gulf of Mexico Drive. (SAME).

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 207

SAME

City & State
Longboat Key, FL

City & State
Longboat Key, FL

Zip
34228

Country
USA

Zip
34228

Country
USA

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒

\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THEODORE J. WILSON.
A.C.T.
4134 Gulf of Mexico Drive Suite 207
Longboat Key, FL 34228

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

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 Department of State

300004652583--5
-10/25/01--01025--012
*****55.00

9. MANAGING MEMBERS/MEMBERS

10.

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MEMBER / CEO
Fabrice ZAPKIRATO
771 Binnacle Point Drive
Longboat Key, FL 34228

☐ Delete

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

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☐ Change ☐ Addition

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:

Fabrice ZAPKIRATO, MEMBER, 09.25.2001

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

Date

Daytime Phone #

CR2E083 (11/00)