

**UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # M02000003222

1. Entity Name



FILED

03 MAR -4 PM 1:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

345 Rouser Road

3. Mailing Address

345 Rouser Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Building No. 5

Building No. 5

City &amp; State

City &amp; State

Coraopolis, PA 15108

Coraopolis PA 15108

4. FEI Number

20-0001753

Applied For

Not Applicable

Zip

15108

Country

USA

Zip

15108

Country

USA

5. Certificate of Status Desired ☐\$5.00 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

CT Corporation System

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

1200 South Pine Island Road

City

Plantation

FL

Zip Code  
33324**DO NOT WRITE  
IN THIS SPACE**

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.

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State

DUE BY MAY 1

00014098488

4/03--01099--019 \*\*50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	Manager
NAME	Francis H. Azur
STREET ADDRESS	345 Rouser Road, Bldg #5
CITY-ST-ZIP	Coraopolis PA 15108

TITLE	Manager
NAME	Christopher F. Azur
STREET ADDRESS	345 Rouser Road, Bldg #5.
CITY-ST-ZIP	Coraopolis PA 15108

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CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

CR2E083B (12/02)

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:

*Francis H. Azur*

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

Date

Daytime Phone #