

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 17, 2003 8:00 am**  
**Secretary of State**

04-17-2003 90035 015 \*\*\*\*\*50.00

DOCUMENT # M02000003506

1. Entity Name

WEATHER ONE SERVICES, LLC



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

609 Reliability Circle

Suite, Apt. #, etc.

3. Mailing Address

609 Reliability Circle

Suite, Apt. #, etc.

City & State

Knoxville, TN

City & State

Knoxville, TN

Zip

37932

Country

USA

Zip

37932

Country

USA

4. FEI Number

42-1564446

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

NRAI Services, Inc

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

526 E. PARK AVENUE

City

Tallahassee

FL

Zip Code

32301

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**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

MANAGER  
George M. CURTIS  
12016 BRYSBY CHAPEL ROAD  
KNOXVILLE TN 37922

TITLE  
NAME  
STREET ADDRESS  
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IN THIS SPACE**

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:

George M. Curtis MANAGER

4/15/03

(865) 671-2903

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

Date

Daytime Phone #

CR2E083B (12/02)