4/20/01:407-265-04

2001	<b>UNIFORM</b>	<b>BUSINESS</b>	REPORT	(URR)
	AIIII AIIIII	DO3111F33	REPURI	IUDNI

SIGNATURE: LA SUR LA SUR HOUSE MANAGER MANAGER

ì

DOCUMENT # M9900001592					FILED					
TERMI-MESH FLORIDA, LLC					1					ç
ILAMINITALES TE CONIDA, LEC					01 JUL -6 PM = 00					
Principal Place of Business Mailing Address				<del></del>	-	SECRETAL TALLAHAS	RY OF ST	<b>ATE</b>		
1660 NORTH COUNTY ROAD 1660 NORTH COUNTY R			SAD.			TALLAHAS	SEE, FEO	RIDA		
#427 #427			ionb		İ	(1.7-2				
LONGWOOD FL 32752 LONGWOOD FL 32752					ŀ		<b>1</b> 111 <b>11</b> 111 <b>11</b> 111 <b>11</b> 11	<b>1</b> 1 11 <b>00</b> 1 0111		
2. Principal Place of Business		3. Mailing Address					JAN <b>si</b> nk <b>si</b> nk <b>si</b> nk İ			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE						
City & State		City & State		4. FEI N	Number <b>59-359991</b>	 6	<del></del>	pplied For		
Zip	Country	Zip	Cour	itry	5. Certi	ficate of Status Desired	□ \$	5.00 Add	Iditional	
	6. Name and Address of Current	Registered Agent			7. Nam	e and Address of New			30	-
-x		The second secon		-Name (2)	11-1	メリカクナ	PA	درية مسدك		7=
REED, CHRISTOPHER			`	Street Address (	P.O. Box N	lumber is Not Acceptabl	ė)		1 - 1/ -	_
	RTH COUNTY ROAD			2800	$O \cdot C$	AM 101 1	100.5	) <u>41</u>	C410	4
#427 LONGWOOD FL 32752					<del>-</del>		!			
				City	TER	PARK	FL	735°	289	
8. The above	e named entity submits this statement to	The Jurpose of changing its	registere	ed office or register	ed agent,	or both, in the State of FI	orida.			7
SIGNATURE	L. Wolfe	$/\!\!\!/$		Frank I.	Poh1	President	61261	01		
SIGNATIONE	Signature, typed or printed registered agent	ord title if applicable. (NOTE	: Registere	d Agent signature required	when reinstati	ng)	6/26/ DATE	<u>U1</u>		
4 <del>* **</del> *********	سن يب سنة شور المؤنانونة مِنعا الله ويند	Make Check Pa		FEE-IS \$50.00- o Department o		<u>ۼڔؿڽؿڂڛڡ؈ڝڔڎڰڛڰ</u> ڿڡڎ	1	فيند		á - , =
9.	MANAGING MEMBE	ERS/MEMBERS	10.			ADDITIONS	/CHANGES			┥
TITLE	MGRM	☐ Delete	TITLE				, [	Change	Addition	78
NAME STREET ADDRESS	GARDNER, DAVID 1183 LOS TRANCOS ROAD		NAMI	ET ADDRESS			1			Ε
CITY-ST-ZIP	PORTOLA VALLEY CA 94028		•	-ST-ZIP						8
TITLE	MGRM	☐ Delete	TITLE			<del></del>		] Change	Addition	CR2E083 (11/00)
NAME STREET ADDRESS	PARSONS, WAYNE		NAME	·		2000004	! !AQ16	=12	<u>_</u>	'
CITY-ST-ZIP	1406 COLBURN ST #201C HONOLULU HI 96817			ET ADDRESS ST-ZIP-		200004 -07/1	7/01-=01	097	020	
TITLE	HONOLOLO III 30017	☐ Delete	TITLE	<del></del>		***	150.00 <sub>F</sub>	本本本本 1 Channe	50,00 Addition	-
NAME"			≈ 'NAME		- 9 6	بيانة بيدور عديد عاليا	~ 2=			: ==
STREET ADDRESS CITY-ST-ZIP				et address est-zip						
TITLE		☐ Delete	TITLE				·	] Change	☐ Addition	1
NAME			NAME						_	
STREET ADDRESS CITY-ST-ZIP				T ADDRESS ST-ZIP			•			
TITLE		□ Delete	TITLE				·	7.05		-
NAME		Li Delete	NAME				L,	J Change	☐ Addition	ĺ
STREET ADDRESS				T ADDRESS			$\Lambda$	D0		
CITY-ST-ZIP *			CITY-	ST-ZIP			(U			]
TITLE NAME		. Delete	TITLE				تَ رَحْلٍ)۔	] Change	Addition Addition	
STREET ADDRESS			NAME STREE	T ADDRESS	•	5	Д			
CITY-ST-ZIP				ST-ZIP		•	`\			
11. I hereby o	certify that the information supplied with	this filing does not qualify for	the exen	nption stated in Sec	ction 119.0	7(3)(i), Florida Statutes.	further certify	that the in	formation	1
limited lia	on this report is true and accurate and t bility company or the receiver or trustee	empowered to execute this re	eport as	regal ellect as if ma required by Chapte	ade under er 608, Flor	oaur; tnat i am a manag ida Statutes.	ing member o	rmanager	of the	Į