

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0017648 SP

00 MAR 27 AM 9:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Handwritten signature



DO NOT WRITE IN THIS SPACE

DOCUMENT # M99000001594

1. Entity Name
TERMI-MESH INSTALLATIONS, LLC

Principal Place of Business
1660 NORTH COUNTY ROAD
#427
LONGWOOD FL 32752

Mailing Address
1660 NORTH COUNTY ROAD
#427
LONGWOOD FL 32752

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-359996 APPLIED FOR

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

REED, CHRISTOPHER
1660 NORTH COUNTY ROAD
#427
LONGWOOD FL 32752

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

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE NAME MGRM GARDNER, DAVID
STREET ADDRESS 1183 LOS TRANCOS ROAD
CITY- ST- ZIP PORTOLA VALLEY CA 94028

TITLE NAME MGRM PARSONS, WAYNE
STREET ADDRESS 1406 COLBURN ST #201C
CITY- ST- ZIP HONOLULU HI 96817

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STREET ADDRESS
CITY- ST- ZIP

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 OR MANAGER

Date

Daytime Phone #

3/23/00 808 843 1968

CR2E083 (9/99)