

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000001594

1. Entity Name

TERMI-MESH INSTALLATIONS, LLC

FILED

01 JUL -6 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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

Zip

Country

Zip

Country

4. FEI Number 59-3599906

Applied For

Not Applicable

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

POHL & SHORT, P.A.
Street Address (P.O. Box Number is Not Acceptable)

280 W. CANTON AVE., Suite 410

City WINTER PARK

FL

Zip Code 32789

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.

Frank L. Pohl, President

6/26/01

(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
STREET ADDRESS GARDNER, DAVID
CITY-ST-ZIP 1183 LOS TRANCOS ROAD
PORTOLA VALLEY CA 94028 ☐ Delete

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

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

TITLE
NAME 000004481610-6 ☐ Change ☐ Addition
STREET ADDRESS -07/17/01--01097--020
CITY-ST-ZIP *****150.00 *****50.00

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

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NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
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, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/30/01 407-265-0625

CR2E083 (11/00)