

2002 INFORMATION REPORT

0025560

DOCUMENT # L00000007322

FILED

1. Entity Name
INFORMATION TECHNOLOGY NETWORK GROUP LLC

02 NOV 22 AM 11:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**2457 CARE DRIVE
TALLAHASSEE FL 32308**

Mailing Address
**PO BOX 12155
TALLAHASSEE FL 32317-2155**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2917 Livingston Rd

3. Mailing Address
PO Box 180127

Suite, Apt. #, etc.
Suite 101

Suite, Apt. #, etc.

City & State
Tallahassee FL

City & State
Tallahassee FL

4. FEI Number **59-3653395**

Applied For
 Not Applicable

Zip **32303** Country **USA**

Zip **32308** Country **USA**

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

**CASTANO, DONATO A
6713 TIM TAM TRAIL
TALLAHASSEE FL 32308**

Name _____

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

City _____ State **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 *Donato A. Castano* **Donato A. Castano CEO 11/18/2002**

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
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** Delete
NAME **CASTANO, DONATO A**
STREET ADDRESS **6713 TIM TAM TRAIL**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

Change Addition
700009159867
11/22/02--01012--002 **150.00

TITLE **MGR** Delete
NAME **JONES, MICHAEL F**
STREET ADDRESS **423 ATTAPULGUS-WHIGHAM RD.**
CITY-ST-ZIP **WHIGHAM GA 31797**

Change Addition

TITLE **MGR** Delete
NAME **GLUNT, CLIFFORD J**
STREET ADDRESS **8918 SALEM RD.**
CITY-ST-ZIP **QUINCY FL 32351**

Change Addition

TITLE _____ Delete
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

Change Addition

TITLE _____ Delete
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

Change Addition

TITLE _____ Delete
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

Change Addition

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: *Michael F Jones* **Michael F Jones, Pres. 11/18/02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (9/01)