

2001 UNIFORM BUSINESS REPORT (UBR)

0003647 AF

DOCUMENT # L00000007496

1. Entity Name
VERTICAL SOLUTIONS, LLC

FILED
01 MAY -1 PM 5:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 2808 REMINGTON GREEN CIRCLE NORTH
SUITE 200
TALLAHASSEE FL 32308

Mailing Address
P.O. BOX 13467
TALLAHASSEE FL 32312



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number
59-3655487

5. Certificate of Status Desired Applied For Not Applicable
\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
BRENNEIS, JOHN E
227 SOUTH CALHOUN STREET
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
Managing Member	Daniel M. Ausley	1410 Cotton Road	Tallahassee, FL 32312	<input type="checkbox"/>
Managing Member	Bradley Harvell	2845 Royal Isle Drive	Tallahassee, FL 32312	<input type="checkbox"/>
Managing Member	Patrick O'Connell	6021 Ashland Drive	Nashville, TN 37215	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

900004274479--8
-05/21/01--01155--009
*****50.00 *****50.00

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 Date Daytime Phone #

CR2E083 (11/00)