

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90587 017 ****50.00

DOCUMENT # L00000007496

1. Entity Name
VERTICAL SOLUTIONS, LLC

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

Mailing Address
**P.O. BOX 13467
 TALLAHASSEE FL 32312**

2. Principal Place of Business

3. Mailing Address

**2808 Remington Green Circle
 Suite, Apt. #, etc. 200**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tallahassee FL

4. FEI Number

59-3655487

Applied For

Not Applicable

Zip

Country

Zip

Country

32308

USA

5. Certificate of Status Desired

\$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 _____
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 NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
MGRM AUSLEY, DANIEL M	1410 BETTON ROAD	TALLAHASSEE FL 32312	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
MGRM HARVELL, BRADLEY	2845 ROYAL ISLE DRIVE	TALLAHASSEE FL 32312	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
MGRM O'CONNELL, PATRICIA	6021 ASHLAND DRIVE	NASHVILLE TN 37215	<input checked="" type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>

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 REQUIRED

4/29/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)