2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000015215

1. Entity Name

SEER ~~TECHNOLOGIES~~ ANALYTICS, LLC

FILED

01 APR 16 PM 7:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
518 N. TAMPA STREET SUITE 250 TAMPA, FL 33602	2506 EDGEWOOD RD. TAMPA, FL 33609

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
518 N. TAMPA STREET	2506 EDGEWOOD RD.
Suite, Apt. #, etc.: SUITE 250	Suite, Apt. #, etc.:
City & State: TAMPA FL	City & State: TAMPA FL
Zip: 33602 Country: USA	Zip: 33609 Country: USA

4. FEI Number: 59-3685869 ☐ 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
WILLIAM LAZARUS 2506 EDGEWOOD ROAD TAMPA, FL 33609	Name: WILLIAM LAZARUS Street Address (P.O. Box Number is Not Acceptable): 2506 EDGEWOOD ROAD City: TAMPA FL Zip Code: 33609

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 _____ WILLIAM LAZARUS, PRESIDENT/CEO 4/11/01
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

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-04/20/01--01123--012
*****55.00 *****55.00

9. MANAGING MEMBERS / MEMBERS			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT & CEO WILLIAM LAZARUS 518 N. TAMPA ST. SUITE 250 TAMPA, FL 33602	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CHAIR JOAN SHAPIRO 5614 S. DORCHESTER CHICAGO, IL 60637	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MANAGER ROBERT PRESSNER 13601 TWIN LAKES LANE TAMPA, FL 33624	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E083 (11/00)

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: _____ 4/11/01 813-318-0111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #