

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 23, 2000 08:00 AM**
Secretary of State**DOCUMENT # L98000001746****1. Entity Name**
SYSCOMNET LLC**Principal Place of Business**

7660 BENJI RIDGE TRAIL

KISSIMMEE
347471948

FL

Mailing Address

7660 BENJI RIDGE TRAIL

KISSIMMEE
347471948

FL

2. Principal Place of Business

7660 BENJI RIDGE TRAIL

3. Mailing Address

7660 BENJI RIDGE TRAIL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

KISSIMMEE

FL

City & State

KISSIMMEE

FL

Zip
347471948**Country**
US**Zip**
347471948**Country**
US**4. FEI Number****59-3533053**

Applied For

Not Applicable

5. Certificate of Status Desired**\$5.00** Additional
Fee Required**6. Name and Address of Current Registered Agent**HARTLOVE HENRY F
7660 BENJI RIDGE TRAILKISSIMMEE
347471948

FL

US

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)

03/23/2000

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State**9. MANAGING MEMBERS/MEMBERS**

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	REITTERER BOYCE	
STREET ADDRESS	7660 BENJI RIDGE TRAIL	
CITY-ST-ZIP	KISSIMMEE FL 347471948	

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	LEWIS ROBERT H	
STREET ADDRESS	7660 BENJI RIDGE TRAIL	
CITY-ST-ZIP	KISSIMMEE FL 347471948	

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	LEVINSKY FREDERICK P	
STREET ADDRESS	7660 BENJI RIDGE TRAIL	
CITY-ST-ZIP	KISSIMMEE FL 347471948	

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	HARTLOVE HENRY F	
STREET ADDRESS	7660 BENJI RIDGE TRAIL	
CITY-ST-ZIP	KISSIMMEE FL 347471948	

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	PETR BRIAN R	
STREET ADDRESS	7660 BENJI RIDGE TRAIL	
CITY-ST-ZIP	KISSIMMEE FL 347471948	

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	HARTLOVE JOHN A	
STREET ADDRESS	7660 BENJI RIDGE TRAIL	
CITY-ST-ZIP	KISSIMMEE FL 347471948	

10. ADDITIONS/CHANGES

TITLE	MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REITTERER BOYCE	
STREET ADDRESS	1210 POPLAR AVENUE	
CITY-ST-ZIP	ARBUTUS MD 212272612	

TITLE	MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEWIS ROBERT H	
STREET ADDRESS	205 MARGATE ROAD	
CITY-ST-ZIP	LUTHERVILLE MD 210935230	

TITLE	MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVINSKY FREDERICK P	
STREET ADDRESS	13536 FORK ROAD	
CITY-ST-ZIP	BALDWIN MD 210139302	

TITLE	MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARTLOVE HENRY F	
STREET ADDRESS	7660 BENJI RIDGE TRAIL	
CITY-ST-ZIP	KISSIMMEE FL 347471948	

TITLE	MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETR BRIAN R	
STREET ADDRESS	31 GUNFALLS GARTH	
CITY-ST-ZIP	BALTIMORE MD 21236	

TITLE	MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARTLOVE JOHN A	
STREET ADDRESS	8364 CYPRESS MILL ROAD	
CITY-ST-ZIP	NOTTINGHAM MD 212365572	

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.