## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# L99000001554

Entity Name: COMMERCIAL UTILITY ECONOMETRICS, L.L.C.

FILED Apr 27, 2002 8:00 AM Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 3955 NW 60 AVENUE GAINESVILLE, FL 32653 **Current Mailing Address: New Mailing Address:** 3955 NW 60 AVENUE GAINESVILLE, FL 32653 FEI Number: 59-3564866 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BURGES, ADRIENNE R 3955 NW 60 AVENUE GAINESVILLE, FL 32653 US 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: Electronic Signature of Registered Agent Date **MANAGING MEMBERS/MEMBERS: ADDITIONS/CHANGES:** MGRM () Change () Addition () Delete ADRIENNE BURGES, Name: Name: 3955 NW 60TH AVE Address: Address: City-St-Zip: GAINESVILLE, FL 32653 City-St-Zip: Title: MGRM () Delete Title: MGRM (X) Change ( ) Addition STRUBBER, JAMES M Name: STRUBBE, JAMES M Name: Address: 1024 CHERRY ST. Address: 1024 CHERRY ST. City-St-Zip: ST. PETERSBURG, FL 32701 City-St-Zip: ST. PETERSBURG, FL 32701 Title: MGRM () Delete Title: () Change () Addition COUGHLIN, KATHY Name: Name: Address: 125 ROSS LAKE RD. Address: City-St-Zip: SANFORD, FL 32771 City-St-Zip: Title: MGRM ( ) Delete Title: () Change () Addition Name: BIVONA, JEREMY P Name: Address: 3955 NW 60TH AVE. Address: City-St-Zip: GAINESVILLE, FL 32653 City-St-Zip: Title: () Delete Title: MGRM (X) Change ( ) Addition BURGES, RICHARD J Name: Name: BURGES, RICHARD J 3955 NW 60 AVE 3955 NW 60 AVE Address: Address: City-St-Zip: GAINESVILLE, FL 32656 City-St-Zip: GAINESVILLE, FL 32656 Title: () Delete Title: (X) Change ( ) Addition WARD, KAREN WESTPHAL, MARY ANNE Name: Name: Address: 2234 SE 41 AVENUE Address: 822 NW 36 TERR GAINESVILLE, FL 32641 GAINESVILLE, FL 32605 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: ADRIENNE R. BURGES MGRM 04/27/2002