

2001 UNIFORM BUSINESS REPORT (UBR)

0004649 AF

DOCUMENT # **M98000000455**

1. Entity Name
P.T.G. PRECISION TECHNOLOGY TECHNOLOGY CENTER LL

FILED
2001 APR 23 PM 2:10
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



Principal Place of Business
**100 TECHNOLOGY PARK
SUITE 100
LAKE MARY FL 32746**

Mailing Address
**100 TECHNOLOGY PARK
SUITE 100
LAKE MARY FL 32746**

2. Principal Place of Business
37 Skyline Drive

3. Mailing Address
37 Skyline Drive

Suite, Apt. #, etc.
2101

City & State
Lake Mary, FL

City & State
Lake Mary, FL

Zip
32746-6211

Country
USA

Zip
32746-6211

Country
USA

4. FEI Number
59-3482025

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
**NIKITIN, DMITRI
100 TECHNOLOGY PARK, SUITE 100
LAKE MARY FL 32746**

7. Name and Address of New Registered Agent

Name
Michael A. Lupo

Street Address (P.O. Box Number is Not Acceptable)
37 Skyline Dr., Suite 2101

City
Lake Mary, FL

Zip Code
32746

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 *Michael Lupo*
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

9. MANAGING MEMBERS/MEMBERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NIKITIN, DMITRI 100 TECHNOLOGY PARK, SUITE 100 LAKE MARY FL 32746	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Michael A. Lupo CEO 37 Skyline Dr., Suite 2101 Lake Mary, FL 32746-6211	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chief Operating Officer Thomas Michel 37 Skyline Dr., Suite 2101 Lake Mary, FL 32746-6211	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Controller Christine Waller 37 Skyline Dr., Suite 2101 Lake Mary, FL 32746-6211	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

200004102442
-05/01/01
*****55.00 *****55.00

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: *Christine L. Waller* **4/16/01** **407-804-1000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)