

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 MAY 23 AM 7:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** L000000000023

**1. Entity Name**  
SHARED TECHNOLOGY RESOURCES, L.L.C.

**Principal Place of Business** **Mailing Address**

**2. Principal Place of Business**  
1960 US1 South  
Suite, Apt. #, etc. PMB 65  
City & State ST. AUGUSTINE, FL  
Zip 32086 Country ST Johns

**3. Mailing Address**  
1960 US1 South  
Suite, Apt. #, etc. PMB 65  
City & State ST. AUGUSTINE, FL  
Zip 32086 Country ST Johns

DO NOT WRITE IN THIS SPACE

**4. FEI Number** 58-2515285 **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**  
Name Elena Mildenberger  
Street Address (P.O. Box Number is Not Acceptable) 128 13th ST  
City ST. AUGUSTINE FL Zip Code 32084

**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 Elena Mildenberger, Elena Mildenberger DATE 4/26/00

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when constituting)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS / MEMBERS		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 checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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
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**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:** Elena Mildenberger, Elena Mildenberger DATE 4/26/00 904 471-0373

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (11/99)