

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000001762

1. Entity Name  
A4TECHNOLOGIES, LLC

Principal Place of Business  
1220 EAST PROSPECT AVE., STE 216  
MELBOURNE FL 32901

Mailing Address  
1220 EAST PROSPECT AVE., STE 216  
MELBOURNE FL 32901

FILED

2001 MAY 9 PM 3:55

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
2300 Avocado Ave  
Suite, Apt. #, etc.  
Unit # E & F  
City & State  
Melbourne FL  
Zip  
32935  
Country  
US

3. Mailing Address  
2300 Avocado Ave  
Suite, Apt. #, etc.  
Unit # E & F  
City & State  
Melbourne FL  
Zip  
32935  
Country  
US

4. FEI Number  
52-2218197  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

DALY, KENNETH E  
542 MAJORCA COURT  
SATELLITE BEACH FL 32937

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)

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  
President  
Kenneth E. Daly mgr  
2300 Avocado Ave, Unit E & F  
Melbourne, FL 32935

10. ADDITIONS/CHANGES

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  
8000004376658-4  
-06/07/01--01130--016  
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TITLE  
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/18/01

Date

321-751-9936

Daytime Phone #