

2001 FORM BUSINESS REPORT (UBR)

DOCUMENT L00000003097

1. Entity Name
ITS GLOBAL, L.L.C.

FILED

01 MAY -2 PM 1:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
~~701 PEACHTREE ROAD~~
C/O DAVID A. WEBSTER, ESQ.
ORLANDO FL 32804

Mailing Address
~~701 PEACHTREE ROAD~~
C/O DAVID A. WEBSTER, ESQ.
ORLANDO FL 32804



2. Principal Place of Business
c/o Webster & Partners, P.L.C.

3. Mailing Address
c/o Webster & Partners, P.L.C.

Suite, Apt. #, etc.
1936 Lee Road, Suite 101

Suite, Apt. #, etc.
PO Box 2310

DO NOT WRITE IN THIS SPACE

City & State
Winter Park, FL

City & State
Winter Park, FL

4. FEI Number

Applied For
Not Applicable

Zip
32789

Country
USA

Zip
32790-2310

Country
USA

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

UWSA SERVICES, INC.
701 PEACHTREE ROAD
ORLANDO FL 32804

Name
W & P Services, Inc.
Street Address (P.O. Box Number is Not Acceptable)
1936 Lee Road, Suite 101
City
Winter Park FL Zip Code
32789

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]*
Signature, typed or printed name of registered agent and title if applicable.

David A. Webster

(NOTE) Registered Agent signature required when reinstating

25 Jan 2001
DATE

FILE NO. W-111 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
MGR
SAHNI, DEEPIK S
630 FERGUSON DRIVE 1611A Alden Road
ORLANDO FL 32805 32803

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
300004316043-8
-05/24/01--01098--019
*****50.00 *****50.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
M
Dugal, Prithipal S.
630 Ferguson Drive 1611A Alden Road
Orlando, FL 32805 32803

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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]* SIGNATURE REQUIRED

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

4/27/01
Date

407-691-0500
Daytime Phone #

0005609 AF

CR2E083 (11/00)