

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 14, 2002 8:00 am
Secretary of State

02-14-2002 90024 040 ****50.00

DOCUMENT # L00000003097**1. Entity Name**
ITS GLOBAL, L.L.C.**Principal Place of Business**
C/O WEBSTER & PARTNERS. P.L.
1936 LEE ROAD, SUITE 101
WINTER PARK FL 32789**Mailing Address**
C/O WEBSTER & PARTNERS. P.L.
P.O. BOX 2310
WINTER PARK FL 32790-2310**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number**APPLIED FOR**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$5.00 Additional Fee Required****6. Name and Address of Current Registered Agent****W & P SERVICES, INC.**
1936 LEE ROAD, SUITE 101
WINTER PARK FL 32789**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
Due By May 1, 2002**9. MANAGING MEMBERS/MANAGERS****TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
SAHNI, DEEPIINDER S ☐ Delete
1611A ALDEN ROAD
ORLANDO FL 32803**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP
M
DUGAL, PRITHIPAL S ☐ Delete
1611A ALDEN ROAD
ORLANDO FL 32803**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete**10. ADDITIONS/CHANGES****TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition**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 REQUIRED**

Deepinder S. Sahni

2/5/02

407-691-0500

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

Date

Daytime Phone #

CP2E083 (9/01)