

2001 UNIFORM BUSINESS REPORT (UBR)

0005629 AF

DOCUMENT # L00000003476

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

FILED

01 MAY -2 PM 1:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
701 PEACHTREE ROAD
DAVID A. WEBSTER, EST.
ORLANDO FL 32804

Mailing Address
701 PEACHTREE ROAD
DAVID A. WEBSTER, EST.
ORLANDO FL 32804



2. Principal Place of Business
c/o Webster & Partners, P.L.
Suite, Apt. #, etc.
1936 Lee Rd, Ste 101
City & State
Winter Park, FL
Zip
32789

3. Mailing Address
c/o Webster & Partners, P.L.
Suite, Apt. #, etc.
PO Box 2310
City & State
Winter Park, FL
Zip
32790-2310

Country
USA

4. FEI Number

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

UWSA SERVICES, INC.
701 PEACHTREE ROAD
ORLANDO FL 32804

7. Name and Address of New Registered Agent

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 *David A. Webster*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

David A. Webster, President 25 Jan 2001
DATE

FILE NO 600004303376-4
WHF FEE IS \$50.00
Make Check Payable to Department of State
-05/24/01--01010--024
*****50.00 *****50.00

9. MANAGING MEMBERS / MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SAHNI, DEEPInder S 630 FERGUSON DRIVE ORLANDO FL 32805	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HANS, KAMEL 630 FERGUSON DRIVE ORLANDO, FL 32805	<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		<input type="checkbox"/> Change <input 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	M Dugal, Prithipal S. 630 Ferguson Drive 1611A Alden Road Orlando, FL 32805 32803	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 *David A. Webster*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/27/01 407-691-0500
Date Daytime Phone #

CR2E083 (11/00)