

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000003893

1. Entity Name
PPI TECHNOLOGIES, L.L.C.

FILED

01 MAY -2 PM 1:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1219 TALLEVAST ROAD
AIRPORT COMMERCE CENTER
SARASOTA FL 34243

Mailing Address
1219 TALLEVAST ROAD
AIRPORT COMMERCE CENTER
SARASOTA FL 34243



2. Principal Place of Business
1249 TALLEVAST ROAD

3. Mailing Address
1249 TALLEVAST ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
SARASOTA FL

City & State
SARASOTA FL

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip
34243

Country
USA

Zip
34243

Country
USA

5. Certificate of Status Desired

☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MURRAY, R. CHARLES
1219 TALLEVAST ROAD
AIRPORT COMMERCE CENTER
SARASOTA FL 34243

7. Name and Address of New Registered Agent

Name
MURRAY, YVONNE E

Street Address (P.O. Box Number is Not Acceptable)

1249 TALLEVAST ROAD

City
SARASOTA

FL

Zip Code
34243

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.

SECRETARY

4/25/01

(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
SECRETARY
MURRAY, E. YVONNE
1249 TALLEVAST ROAD
SARASOTA FL 34243 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
MURRAY, C. STUART
1249 TALLEVAST ROAD
SARASOTA FL 34243 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MANAGER
CHRISTENSEN SANDRA-LEIGH
1249 TALLEVAST ROAD
SARASOTA FL 34243 ☐ 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
3000004314000
-05/24/01--010000029
*****50.00 *****50.00 ☐ 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]

Secretary

4/25/01

941 320 9576

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

Date

Daytime Phone #

CR2E083 (11/00)