

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000004365

1. Entity Name

T 1 ZONE, LLC

Principal Place of Business

THE ADVANCED TECHNOLOGY BUS. DEV. CENTER
444 APPELYARD DRIVE
TALLAHASSEE FL 32304-2895

Mailing Address

THE ADVANCED TECHNOLOGY BUS. DEV. CENTER
444 APPELYARD DRIVE
TALLAHASSEE FL 32304-2895

FILED

01 SEP 20 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3240 CAPITAL CIRCLE SW

Suite, Apt. #, etc.

3. Mailing Address

3240 CAPITAL CIRCLE SW

Suite, Apt. #, etc.

City & State

TALLAHASSEE, FL

City & State

TALLAHASSEE, FL

Zip

32310

Country

USA

Zip

32310

Country

USA

4. FEI Number

59-3706829

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LOCKWOOD, FRANK S DR
T 1 ZONE, LLC
3240 CAPITAL CIRCLE, SW
TALLAHASSEE FL 32310-8723

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 September 26, 2001

500004623925--2
-10/04/01--01069--018
*****50.00 *****50.00

9. MANAGING MEMBERS/MANAGERS

TITLE PRESIDENT
NAME KEVIN R. HARRINGTON
STREET ADDRESS 3240 CAPITAL CIRCLE SW
CITY-ST-ZIP TALLAHASSEE FL 32310 ☐ Delete

TITLE SECRETARY
NAME FRANK S LOCKWOOD
STREET ADDRESS 3240 CAPITAL CIRCLE SW
CITY-ST-ZIP TALLAHASSEE FL 32310 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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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
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CITY-ST-ZIP ☐ Change ☐ Addition

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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:

Frank S Lockwood

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

7/17/01 850.521.8782

Date

Daytime Phone #

CP2E083 (5/01)