

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000006340

1. Entity Name
CLASSIFIED TECHNOLOGIES GROUP, L.L.C.

Principal Place of Business

201 KELSEY LANE
TAMPA FL 33619

Mailing Address

201 KELSEY LANE
TAMPA FL 33619

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3653595

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

~~BUSINESS FINANCE LAWYER, P.A.~~
200 S. BISCAYNE BLVD., STE #3410
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name W. J. STANTON P.A.
Street Address (P.O. Box Number is Not Acceptable)
200 S. BISCAYNE BLVD
Suite 3410
City MIAMI FL Zip Code 33131

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)

4-20-01

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

800004161628-7
-05/08/01--01041--021
*****55.00 *****55.00

9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AJ MARCUM MANDT 201 KELSEY LANE TAMPA FL 33619	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RD MANDT 201 KELSEY LANE TAMPA FL 33619	<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
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 checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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:

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

Date

Daytime Phone #

RD MANDT SEC. 4-16-01 813-626-9430



DO NOT WRITE IN THIS SPACE

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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