

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 16, 2002 8:00 am**  
**Secretary of State**

01-16-2002 90246 050 \*\*\*\*50.00

**DOCUMENT # L00000007698**

1. Entity Name

**HOLLIS TECHNOLOGIES, LLC**

Principal Place of Business

**3612 VENTURA DRIVE EAST  
 LAKELAND FL 33811**

Mailing Address

**3612 VENTURA DRIVE EAST  
 LAKELAND FL 33811**

2. Principal Place of Business

**124 S. FLORIDA AVE**

Suite, Apt. #, etc.

**202**

City & State

**LAKELAND FLORIDA**

Zip

**33801**

Country

**USA**

3. Mailing Address

**124 S. FLORIDA AVE**

Suite, Apt. #, etc.

**202**

City & State

**LAKELAND FL**

Zip

**33801**

Country

**USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**59-3654961**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**HOLLIS COMPUTER CONCEPTS, INC.  
 3612 VENTURA DRIVE EAST  
 LAKELAND FL 33811**

7. Name and Address of New Registered Agent

Name

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

**124 S. FLORIDA AVE**

**Suite #202**

City

**LAKELAND**

**FL**

Zip Code

**33801**

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 **MGR** ☐ Delete  
 NAME **HOLLIS COMPUTER CONCEPTS, INC.**  
 STREET ADDRESS **2128 EAST EDGEWOOD DRIVE, SUITE #213**  
 CITY-ST-ZIP **LAKELAND FL 33803**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **President/CEO** ☒ Change ☐ Addition  
 NAME **JACK HOLLIS**  
 STREET ADDRESS **124 S. FLORIDA AVE Ste 202**  
 CITY-ST-ZIP **LAKELAND FL 33801**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 #

**1-802 863-669-1155**

CR2E083 (9/01)

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