

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000008148

1. Entity Name  
CONTROL SYSTEMS INTEGRATORS, L.L.C.

FILED

01 JUN -6 AM 7:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
1300 THOMASWOOD DRIVE  
TALLAHASSEE FL 32312

Mailing Address  
1300 THOMASWOOD DRIVE  
TALLAHASSEE FL 32312



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2121 Killarney Way

Suite, Apt. #, etc.

E

3. Mailing Address

2121 Killarney Way

Suite, Apt. #, etc.

E

City & State

Tallahassee FL

City & State

Tallahassee FL

4. FEI Number

59-8640561

Applied For

Not Applicable

Zip

32308

Country

Leon

Zip

32308

Country

Leon

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HUNTER, CURTIS B  
1300 THOMASWOOD DRIVE  
TALLAHASSEE FL 32312

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

*Mitchell G. Morris*

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

600004423956--8

06/18/01--01023--001

\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MEMBERS

TITLE managing partner  
NAME Mitchell G. Morris  
STREET ADDRESS 2121 Killarney Way Suite E  
CITY-ST-ZIP Tallahassee FL 32308 MGRM

☐ Delete

TITLE partner  
NAME Hal Parker  
STREET ADDRESS 2820 narrow Gauge  
CITY-ST-ZIP Bolton Ms 39041 MGRM

☐ Delete

TITLE partner  
NAME Dennislindsey  
STREET ADDRESS 3800 Austill Lane #32  
CITY-ST-ZIP Mobile AL 36608 MGRM

☐ 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  
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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

*Mitchell G. Morris*

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

5/1/2001

8588939202

Date

Daytime Phone #

CR2E083 (11/00)

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