2001 UNIFORM BUSINESS REPORT (UBR)

200	1 UNIFORM BUS	INESS REPO	RT (UBR)		APPROVES AND	4		
DOCUMENT # L0000010824					AND FILED			
LE TECHNOLOGIES, LLC					01 APR 26 AM 10: 12			
**** *				SECRETARY OF STATE PALUAHASSEE, FEORIDA				
Principal Place of Business Mailing Address				TALL'AHASSEE, FEORIDA				
101 PHILIPPE PKWY STE. 302 SAFETY HARBOR FL 34695 101 PHILIPPE PKWY STE. SAFETY HARBOR FL 34695								
2. Principal f	Place of Business	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & Sta	te ,	City & State		4. FEI Num	4. FE Number Applied For Not Applicable			
Zip	Country	Zip	Country	1	te of Status Desired	\$5.00 Add Fee Required	litional d	
	6. Name and Address of Current I	Registered Agent	Alexander	7. Name ar	nd Address of New Registered	Agent		
			Name	Name				
2909 BAY	ra, Thomas P / To Bay Blvd., Ste. 309		Street Addres	Street Address (P.O. Box Number is Not Acceptable)				
TAMPA FL 33629			City	City _ Zip Code				
9 The above	named entity submits this statement for	the nurnees of changing its r	agistared office or regis	stered agent, or h				
o. The above	a named entity submits this statement for	the purpose of changing its in	egistered office of regis	stered agent, or b	, in the state of Florida.			
SIGNATURE		ADTE:		Seed when rejectable A	DATE			
· · ·	Signature, typed or printed name of registered agent a	nd title if applicable. {NO1E:	Registered Agent signature requ	ured when reinstating)	JAIE			
	,		W!!! FEE IS \$50.0 rable to Departmen				į	
9.	MANAGING MEMBE	DS / MEMBERS	T 10.	l	ADDITIONS/CHANGE	<u>s</u>		
TITLE	Chairman CEO/Rine		TITLE		·	☐ Change	☐ Addition	
NAME	TiTus Casazza	,	NAME .				j	
STREET ADDRESS			STREET ADDRESS CITY-ST-ZIP					
CITY-ST-ZIP	Pres. 1000/Director	733 ☐ Delete	TITLE		,	☐ Change	Addition	
TITLE NAME	Michael D. Flanigan	☐ Delete	NAME		1	ontarge		
STREET ADDRESS	5 Cygnet Court		STREET ADDRESS					
CITY-ST-ZIP	Hilton Head Islam	1,50 29928	CITY-ST-ZIP					
TITLE	Ex VP/cFo/Director	Delete ··	TITLE T	•	40000041,91	1 4 4	Addition	
NAME STREET ADDRESS	Cichard E. Florigav	54e30Z	STREET ADDRESS		-05/09/01 *****55.00	-61131	-UU4	
CITY-ST-ZIP	Safety Harbor FL	34695	CITY-ST-ZIP		******33.U	्रा सःसःसःसःस	33.00	
TITLE	Vice President 10ire to	□ Delete	TITLE			☐ Change	☐ Addition	
NAME STREET ADDRESS	Richard Nelson		NAME STREET ADDRESS					
CITY-ST-ZIP	Manchester CT 060	40	CITY-ST-ZIP					
TITLE .	Vi Armela 10 i rector	Delete	TITLE NAME			☐ Change	☐ Addition	
STREET ADDRESS CITY-ST_ZIP	Buth Glos Toubary,	(4 8681 3	STREET ADDRESS CITY-ST-ZIP					
TITLE	Vice Pro de Direct	□ Delete	TITLE			☐ Change	Addition	
NAA-	Jay D. Kehoe		NAME OVERTEX ADDRESSO					
CITY-ST-ZIP	19 Glasier Prive	y CT06073	STREET ADDRESS CITY-ST-ZIP		•			
	certify that the information supplied with			Section 119.07(3)(i), Florida Statutes. I further ce	` ertify that the in	formation	

Indeedy certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. 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.