

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 23, 2002 8:00 am**  
**Secretary of State**

01-23-2002 90046 029 \*\*\*\*55.00

**DOCUMENT # L00000011316**

1. Entity Name

**APPLIED MANAGEMENT SERVICES L.L.C.**

Principal Place of Business

**3440 OAKMONT DRIVE  
PENSACOLA FL 32503**

Mailing Address

**3440 OAKMONT DRIVE  
PENSACOLA FL 32503**

2. Principal Place of Business

**3440 OAKMONT DR.**

Suite, Apt. #, etc.

**Suite #10**

City & State

**Pensacola, FL**

Zip

**32503**

Country

**USA**

3. Mailing Address

**3440 OAKMONT DR.**

Suite, Apt. #, etc.

**Suite #10**

City & State

**Pensacola, FL**

Zip

**32503**

Country

**USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**59-3674901**

Applied For

Not Applicable

5. Certificate of Status Desired

**X**

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**TENOSO, HAROLD J  
3440 OAKMONT DRIVE  
PENSACOLA FL 32503**

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

*Harold J. Tenoso*

(NOTE: Registered Agent signature required when reinstating)

**4/17/02**

DATE

**FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State  
Due By May 1, 2002**

9. MANAGING MEMBERS / MANAGERS

TITLE **P** ☐ Delete  
NAME **TENOSO, HAROLD**  
STREET ADDRESS **3440 OAKMONT DRIVE**  
CITY-ST-ZIP **PENSACOLA FL 32503**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS / CHANGES

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

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

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
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:

*Harold J. Tenoso*

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

**4/17/02 628 428 2934**

Date

Daytime Phone #

CR2E083 (9/01)