

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0026136 AF

DOCUMENT # **L00000011638**

1. Entity Name
CERTIFIED TESTING PROPERTIES, L.L.C.

01 APR 26 PM 1:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**7252 NARCOOSSEE RD
ORLANDO FL 32822**

Mailing Address
**7252 NARCOOSSEE RD
ORLANDO FL 32822**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3673222

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BALLANTYNE, DAWN
7252 NARCOOSSEE RD
ORLANDO FL**

Name **300004191383--8**
Street Address (P.O. Box Number is Not Applicable) **14051 MARINE CT
ORLANDO, FL 32832**
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

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**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
M MEMBER	BALLANTYNE, DAWN	14051 MARINE CT	ORLANDO, FL 32832		
M MEMBER	BLAKELY JUDY	13942 LAMONT DR	ORLANDO, FL 32832		
M MEMBER	BLAKELY WILLIAM	13942 LAMONT DR	ORLANDO, FL 32832		
M MEMBER	BLAKELY JAMES	4999 HEATHERSTONE PL	ORLANDO, FL 32812		
M MEMBER	BLAKELY TRACY	14405 FRESNO DRIVE	ORLANDO, FL 32832		

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Dawn Ballantyne*

4-21-01 407-384-7744

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)