

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000012250

1. Entity Name
SAGO NETWORKS, LLC

Principal Place of Business
2727 ULMERTON ROAD, SUITE 230
CLEARWATER FL 33762

Mailing Address
2727 ULMERTON ROAD, SUITE 230
CLEARWATER FL 33762

FILED
01 MAY 25 AM 8:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business
4465 W. Gandy Blvd.
Suite, Apt. #, etc.
Suite #800
City & State
Tampa, Florida
Zip
33611
Country
USA

3. Mailing Address
4465 W. Gandy Blvd.
Suite, Apt. #, etc.
Suite #800
City & State
Tampa, Florida
Zip
33611
Country
USA

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1044238
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

NATIONAL INDUSTRIAL PROPERTIES, LLC
2727 ULMERTON ROAD, SUITE 230
CLEARWATER FL 33762

7. Name and Address of New Registered Agent

Name
National Industrial Properties, LLC
Street Address (P.O. Box Number is Not Acceptable)
4465 W. Gandy Blvd.
Suite #800
City
Tampa FL Zip Code
33611

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]
Signature, typed or printed name of registered agent and title, if applicable.

Miller M. Cooper

4/25/01

(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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Miller M. Cooper 4465 W. Gandy Blvd., #800 Tampa, FL 33611	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	700004420297-9 -06/14/01--01084--026 *****50.00 *****50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

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

[Signature]
Miller M. Cooper

4/25/01

(813)
839-1242

Date

Daytime Phone #

CR2E083 (11/00)

0018830 AF