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LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000013292

1. Entity Name

AEGIS TECHNOLOGIES,LLC

FILED
02 OCT 25 PM 4:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
4956 NW 105 DRIVE		4956 NW 105 DRIVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: CORAL SPRINGS, FLORIDA		City & State: CORAL SPRINGS, FLORIDA	
Zip: 33067	Country: USA	Zip: 33067	Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number — Applied For [ ] / Not Applicable [X]

5. Certificate of Status Desired [ ] $5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: HUGH CAMPBELL

Street Address (P.O. Box Number Is Not Acceptable): 4956 NW 105 DRIVE

City: CORAL SPRINGS FL Zip Code: 33076

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 ______________________________ DATE

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

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	TITLE	
NAME	HUGH CAMPBELL	NAME	
STREET ADDRESS	4956 N.W. 105th Drive	STREET ADDRESS	
CITY-ST-ZIP	Coral Springs, FL 33076	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CR2E083B (12/01)

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: Hugh Campbell HUGH CAMPBELL SEPT 24,2002 (954)857-5772

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