

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000013692

1. Entity Name  
COGON SYSTEMS, LLC

FILED

01 FEB 23 PM 1:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
3 WEST GARDEN ST., STE. 700  
PENSACOLA FL 32501

Mailing Address  
3 WEST GARDEN ST., STE. 700  
PENSACOLA FL 32501

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
59-3685122  
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  
GONZALEZ, THOMAS F  
3 WEST GARDEN ST., STE. 700  
BLOUNT BUILDING  
PENSACOLA FL 32501

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 \_\_\_\_\_ (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 ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES  
TITLE NAME ☐ Change ☒ Addition  
STREET ADDRESS  
CITY-ST-ZIP  
CHIEF EXECUTIVE OFFICER  
HUY NGUYEN  
4116 SPINAKER PLACE  
PENSACOLA FL. 32507  
PRESIDENT  
DALE LEHMANN  
3220 KINGSMILL DR  
PAGE FL. 32571  
CHIEF OPERATING OFFICER  
DAVID H. SU  
9810 FLIPPER RD  
FAIRFAX, VA 22032  
-02/27/01--01020--020  
\*\*\*\*\*50.00 \*\*\*\*\*50.00  
300003769249--9  
-02/27/01--01020--020  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

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 DALE LEHMANN 2-19-01 850-994-3511  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)