

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Sep 10, 2001 08:00 AM****Secretary of State****DOCUMENT # L00000014547**1. Entity Name  
ADVANCED TECHNOLOGY GLOBAL SOLUTIONS, L.L.C.Principal Place of Business  
2805 W WALLACE AVE  
TAMPA FL 33611Mailing Address  
2805 W WALLACE AVE  
TAMPA FL 336112. Principal Place of Business  
5207 BAYSHORE BLVD  
Suite, Apt. #, etc.  
173. Mailing Address  
5207 BAYSHORE BLVD  
Suite, Apt. #, etc.  
17City & State  
TAMPA FLCity & State  
TAMPA FL4. FEI Number  
**59-3696298**  
Applied For  
Not ApplicableZip  
33611Country  
USZip  
33611Country  
US5. 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**IHRIG WILLIAM KENT  
BROAD AND CASSEL  
100 N TAMPA ST SUITE 3500  
TAMPA FL 33602 USName  
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 \_\_\_\_\_ DATE **09/10/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)**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 ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP MGRM LEONARD DARRELL W FL 33611 ☐ Change ☒ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP MGR JOSEPH GUY A FL 33611 ☐ Change ☒ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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: Guy A. Joseph MGR 09/10/2001  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)