

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 02, 2002 8:00 am
Secretary of State

06-12-2002 90095 009 ****55.00

DOCUMENT # (2001 Doc # → L00000014547)

1. Entity Name

**ADVANCED TECHNOLOGY GLOBAL SOLUTIONS
(ATGS) L.L.C.**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5207 BAYSHORE BLVD

Suite, Apt. #, etc.

#17

City & State

TAMPA, FL

Zip

33611

Country

USA

3. Mailing Address

5207 BAYSHORE BLVD

Suite, Apt. #, etc.

17

City & State

TAMPA, FL

Zip

33611

Country

USA

4. FEI Number

59-3696298

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

WILLIAM K. IHRIG

Street Address (P.O. Box Number is Not Acceptable)

100 N TAMPA ST SUITE 3500

City

TAMPA

FL

Zip Code

33602

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.

DATE

FEE IS \$50.00

Make Check Payable to Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE

CHIEF OPERATING OFFICER

NAME

GUY A. JOSEPH PRINCIPAL

STREET ADDRESS

5207 BAYSHORE BLVD SUITE 17

CITY-STATE-ZIP

TAMPA, FL 33611

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

CHIEF EXECUTIVE OFFICER

NAME

DARRELL W. LEONARD PRINCIPAL

STREET ADDRESS

5207 BAYSHORE BLVD SUITE 17

CITY-STATE-ZIP

TAMPA, FL 33611

TITLE

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STREET ADDRESS

CITY-STATE-ZIP

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

6/7/2002 (813) 831-1575

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

Date

Daytime Phone #

6/28/2002

CR2E03B (12/01)