

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90013 023 ****55.00

DOCUMENT # L00000015296

1. Entity Name

SINBON TECHNOLOGIES, L.L.C.

Principal Place of Business

**273 LAKE BREEZE CIRCLE
 LAKE MARY FL 32746**

Mailing Address

**273 LAKE BREEZE CIRCLE
 LAKE MARY FL 32746**

929431

2. Principal Place of Business

273 LAKE BREEZE CIRCLE

Suite, Apt. #, etc.

3. Mailing Address

273 LAKE BREEZE CIRCLE

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

LAKE MARY, FL

City & State

LAKE MARY, FL

4. FEI Number

59-3694863

Applied For

Not Applicable

Zip

32746

Country

SEMINOLE

Zip

32746

Country

SEMINOLE

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

6. Name and Address of Current Registered Agent

**CONFIELD, STEVEN M
 273 LAKE BREEZE CIRCLE
 LAKE MARY FL**

7. Name and Address of New Registered Agent

Name

CONFIELD, STEVEN M.

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

273 LAKE BREEZE CIRCLE

City

LAKE MARY

FL

Zip Code

32746

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.

STEVEN M. CONFIELD

(NOTE: Registered Agent signature required when reinstating)

02/08/02

DATE

**FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **P** ☐ Delete
 NAME **CONFIELD, STEVEN M**
 STREET ADDRESS **273 LAKE BREEZE CIRCLE**
 CITY-ST-ZIP **LAKE MARY FL 32746**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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]
SIGNATURE REQUIRED

02/08/02

Date

407-322-4262

Daytime Phone #

CR2E083 (9/01)