2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUN 1. Entity Name	MENT # L0000001	,	owna po f	ag.					
THE EMERGENT SOLUTIONS GROUP LLC					FILED				
Principal Place of Business Mailing Address					OIFEB 26 AM 8: 12				
					SECRETARY OF STATE TALLAHASSEE.FLORIDA				
· .									
2. Principal Place of Business 3. Mailing Address 1325 D. place of Pkwy P.O. Box 3									
Suite, Apt.	5 Diplomat Pkwy	<u> </u>		DO NOT WRITE IN THIS SPACE					
City & State		City & State		4. FEI N	4. FEI Number Applied For				
Hollywood, Florida		Hallandale, FI	Hallandale, Florida		65 -/063646 Not Applicable]
Zip /	Country	Zip 33008 - 2007	Country USA	5. Certi	ficate of Status Desired		5.00 Add se Require		
(1-4-1-4-1	6. Name and Address of Current			7. Nam	e and Address of New Re				_
	. "		Name	Kanadi '	N K]
Street Address (P.					P.O. Box Number is Not Acceptable)				
					iplamat Pkwy		-		-
			City			FL	Zip Cod		1
8. The above r	named entity submits this statement fo	or the purpose of changing its	s registered office or	<i>حبوالعط</i> registered agent, i		ida.	<u> </u>		1
SIGNATURE _	Signature, typed or printed name of registered agent	and title it applicable (NOT)	E: Registered Agent signat	ire required when reinstall	200)	2/21/C) 9)		
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. <u>-</u>		4.00 34.00	OWIII_FEE,IS,\$ syable to Depart	Section and desired to the section of	- 000003 -02/27 *****	万 <mark>是司</mark> 50.00	560 1117 *****	() -021 -50,00	
9.	MANAGING MEMB	ERS/MEMBERS	10.	<u></u>	ADDITIONS/	<u> </u>		CONTRACTOR CONTRACTOR	1_
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Kennett D. Kosson 1325 Diplomat Pk Hollywood, FL 3.		TITLE NAME STREET ADDRESS CITY-ST-ZIP			(Change	Addition	R2E083 (11/00)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	, , , ,	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			1	Change	Addition	CR2
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NAME STREET ADDRESS CITY-ST-ZIP		☐ Celete 	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition	
indicated o		that my signature shall have e empowered to execute this	the same legal effec report as required b	at as if made under y Chapter 608, Flor	oath; that I am a managir	ng member d	or managei	of the	
	SIGNATURE AND TYPED OR PRINTED NAME OF	F SIGNING MANAGING MEMBER, MAI	NAGER, OR AUTHORIZED	REPRESENTATIVE	Oate	Dayti	me Phone #		İ