FILED
Sep 25, 2002 8:00 am
Secretary of State
04-22-2002 90234 006 ****50.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000001863

1. Entity Name
COURTESY SYSTEMS, LLC

Principal Place of Business	Mailing Address
222 NE 1ST STREET GAINESVILLE FL 32601	222 NE 1ST STREET GAINESVILLE FL 32601

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number: 59-3694128 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BOLTON, JOE W
222 NE 1ST STREET
GAINESVILLE FL 32601

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 [signature] DATE
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
Due By May 1, 2002

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	JOE W. BOLTON 222 NE 1ST ST GAINESVILLE, FL. 32601 — MANAGING Member ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	LARRY D. KIESZEK 222 NE 1ST ST GAINESVILLE, FL. 32601 — MANAGING Member ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	JAMES PATRAY — MANAGING Member 222 NE 1ST ST GAINESVILLE, FL. 32601 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MICHAEL W. GALYEAN 5306 CORTEZ Rd. WEST #5 BRADENTON, FL. 34210 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MANAGING Member ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MARCELO RANGEL 4612 HOWELL FARMS DR. ACWORTH, GA. 30101 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MANAGING Member ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E083 (9/01)

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] JOE W. BOLTON 4-11-02 352-378-2461
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #