## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # L0100002882

1. Entity Name

C & A TECH, LLC

Principal Place of Business	Mailing Address		
3525 NICHOLS DRIVE. S. LAKELAND FL 33813	3525 NICHOLS DRIVE. S. LAKELAND FL 33813		
2. Principal Place of Business	3. Mailing Address	· <b>- · · ·</b> · · · · · · · · · · · · · · · ·	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		

## FILED Sep 18, 2002 8:00 am Secretary of State 09-18-2002 90054 009 \*\*\*\*50.00

Suite, Apt. #, etc.  Suite, Ap										
City & State  City & State  City & State  Country  Country  Country  Country  Country  Country  S. Certificate of Status Desired  Fee Required  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  Registered Agent  City  FL  Zip Code  FL  Registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  FILE NOW!!! FEE IS \$50.00  Make Check Payable to Department of State  Due By September 25, 2002	2. Principal Place of Business	3. N	3. Mailing Address							
Zip Country Zip Country 5. 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 Name  AHLGREN, EDMUND L 3525 NICHOLS DRIVE, S. LAKELAND FL 33813  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent.  SIGNATURE  FILE NOW!!! FEE IS \$50.00  Make Check Payable to Department of State Due By September 25, 2002	Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
6. Name and Address of Current Registered Agent  AHLGREN, EDMUND L 3525 NICHOLS DRIVE, S.  LAKELAND FL 33813  City  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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  FILE NOW!!! FEE IS \$50.00  Make Check Payable to Department of State  Due By September 25, 2002	City & State	City & State			4. FEI N		76			
AHLGREN, EDMUND L 3525 NICHOLS DRIVE, S. LAKELAND FL 33813  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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.  NOTE: Registered Agent signature required when reinstating)  DATE  FILE NOW!!! FEE IS \$50.00  Make Check Payable to Department of State  Due By September 25, 2002	Zip Co	untry Z	(ip	Country	5. Certif	ficate of Status Desired				
AHLGREN, EDMUND L 3525 NICHOLS DRIVE, S. LAKELAND FL 33813  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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.  (NOTE: Registered Agent signature required when reinstating)  DATE  FILE NOW!!! FEE IS \$50.00  Make Check Payable to Department of State  Due By September 25, 2002	6. Name and	Address of Current Regist	ered Agent		7, Name	e and Address of New R	Registered Ag	ent	*	]
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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  FILE NOW!!! FEE IS \$50.00  Make Check Payable to Department of State  Due By September 25, 2002	3525 NICHOLS DRIVE, S.									
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MANAGING MEMBERS (MANAGERS	the obligations of registered a	agent.	applicable. (NOTE	E: Registered Agent signature rec DW!!! FEE IS \$50. yable to Departmer	quired when reinstati	- 4		miliar with,	and accept	
9. MANAGING MEMBERS/MANAGERS ■ 10. ADDITIONS/CHANGES	9. MANAGING MEMBERS/MANAGERS 10.					ADDITIONS,	/CHANGES			┪.
	NAME President STREET ADDRESS 3535 Ni CITY-ST-ZIP Lakeland	Ahlgren chols Dr.3 V FL 33813	☐ Delete	TITLE NAME STREET ADDRESS			{	Change	Addition	2E083 (4)
TITLE         Delete         TITLE         Change         Addition           NAME         NAME           STREET ADDRESS         STREET ADDRESS           CITY-ST-ZIP         CITY-ST-ZIP         CITY-ST-ZIP	TITLE NAME STREET ADDRESS			NAME STREET ADDRESS		· .	[	☐ Change	☐ Addition	
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TITLE  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 path; that I am a managing member or manager of the	NAME STREET ADDRESS CITY-ST-ZIP	mation cumplied with this file		NAME Street address City-St-Zip	n Section 119	07(3Vi) Florida Statutas			☐ Addition	

limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

