

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 18, 2002 8:00 am**  
**Secretary of State**

02-18-2002 90175 032 \*\*\*\*50.00

**DOCUMENT # L01000005653**

1. Entity Name  
**SPN TECH LLC**

Principal Place of Business

Mailing Address

~~101 EAST KENNEDY BLVD.~~  
~~SUITE 2700~~  
~~TAMPA FL 33601~~

~~101 EAST KENNEDY BLVD.~~  
~~SUITE 2700~~  
~~TAMPA FL 33601~~

**924769**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**13805 58th Street N**  
 Suite, Apt. #, etc.

**13805 58th Street N**  
 Suite, Apt. #, etc.

City & State  
**Clearwater, FL**

City & State  
**Clearwater, FL**

4. FEI Number  
**59-3716747**

Applied For  
 Not Applicable

Zip Country  
**33760 Pinellas**

Zip Country  
**33760 Pinellas**

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

~~ROSS, J. CARY JR.~~  
~~101 EAST KENNEDY BLVD.~~  
~~SUITE 2700~~  
~~TAMPA FL 33601~~

Name  
**Prem Anand**  
 Street Address (P.O. Box Number is Not Acceptable)  
**13805 58th Street North**  
 City  
**Clearwater, FL** Zip Code  
**33760**

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 *Prem Anand* **Feb 4, 2002**  
Signature, typed or printed name of registered agent and file 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 May 1, 2002**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Prem Anand 13805 58th Street North Clearwater, FL 33760	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Prem Anand* **SIGNATURE REQUIRED** **Manager** **2/4/02** **(727) 524-3622**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (9/01)