

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2002 8:00 am**  
**Secretary of State**

04-17-2002 90020 045 \*\*\*\*50.00

DOCUMENT # **L01000005837**

1. Entity Name

**I2E TECHNOLOGIES, LLC**

Principal Place of Business

**1020 E. LAFAYETTE ST., STE. 106  
TALLAHASSEE FL 32301**

Mailing Address

**1020 E. LAFAYETTE ST., STE. 106  
TALLAHASSEE FL 32301**

2. Principal Place of Business

**2804 Remington Green Circle**

3. Mailing Address

**2804 Remington Green Circle**

Suite, Apt. #, etc.

**Suite 1**

Suite, Apt. #, etc.

**Suite 1**

City & State

**Tallahassee, Florida**

City & State

**Tallahassee, Florida**

Zip

**32308**

Country

**USA**

Zip

**32308**

Country

**USA**

4. FEI Number

**593717857**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**ALAN TURNER, GREGORY  
1020 E. LAFAYETTE ST., STE. 106  
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

Name

**Gregory Alan Turner**

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

**2804 Remington Green Circle**

Suite

City

**Tallahassee,**

**FL**

Zip Code

**32308**

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

*Gregory Alan Turner*  
Signature, typed or printed name of registered agent and true if applicable

**(Gregory Alan Turner)**  
(NOTE: Registered Agent signature required when reinstating)

**4/2/02**  
DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete  
NAME **ALAN TURNER, GREGORY**  
STREET ADDRESS **7097 SHADY GROVE WAY**  
CITY-ST-ZIP **TALLAHASSEE FL 32312**

10. ADDITIONS/CHANGES

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Gregory Alan Turner*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

**4/2/02**

Daytime Phone #

**850-212-3159**

CR2E083 (9/01)