

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2003 8:00 am
Secretary of State

05-08-2003 90080 022 ****50.00

DOCUMENT # L01000005837

1. Entity Name
12E TECHNOLOGIES, LLC



Principal Place of Business
**2804 REMINGTON GREEN CIR.
STE 1
TALLAHASSEE FL 32308**

Mailing Address
**2804 REMINGTON GREEN CIR.
STE 1
TALLAHASSEE FL 32308**



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
1637 Metropolitan Blvd.

3. Mailing Address
1637 Metropolitan Blvd.

Suite, Apt. #, etc.
Suite A1

Suite, Apt. #, etc.
Suite A1

City & State
Tallahassee, Florida

City & State
Tallahassee, Florida

Zip Country
32308 USA

Zip Country
32308 USA

4. FEI Number **59-3717857**

Applied For
☐ Not Applicable

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

**ALAN TURNER, GREGORY
2804 REMINGTON GREEN CIR.
STE 1
TALLAHASSEE FL 32308**

Name **Alan Turner Gregory**

Street Address (P.O. Box Number is Not Acceptable)
7560 Coriander Court

City **Jacksonville** FL Zip Code **32244**

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)

4/28/03
DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Manager
Alan Turner Gregory
7560 Coriander Court
Jacksonville, Florida 32244**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/28/03
Date

904-777-5072
Daytime Phone #

CR2E083 (10/02)