

2002 UNIFORM BUSINESS REPORT (UBR)

0027313

DOCUMENT # L01000006382

1. Entity Name

~~COVENANT GROUP, LLC~~ *Certus, LLC*
N/C Amendment filed 2/28/02

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

02 MAY 30 PM 3:21

Principal Place of Business

498 PALM SPRINGS DRIVE, SUITE 100
 ALTAMONTE SPRINGS FL 32701

Mailing Address

498 PALM SPRINGS DRIVE, SUITE 100
 ALTAMONTE SPRINGS FL 32701



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

300 International Pkwy
 Suite, Apt. #, etc.
Suite 190

3. Mailing Address

300 International Pkwy
 Suite, Apt. #, etc.
Suite 190

City & State
Heathrow, FL

City & State
Heathrow, FL

4. FEI Number

59-3722422

Applied For

Not Applicable

Zip
32746

Country

Zip
32746

Country

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BRENNEIS, JOHN E
 227 SOUTH CALHOUN STREET
 TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name *Glen J. Pawlowski*
 Street Address (P.O. Box Number is Not Acceptable)
300 International Parkway
Suite 190
 City *Heathrow* FL Zip Code *32746*

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] *PRESIDENT*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/17/02

DATE

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

700005666257--3
 -06/03/02--01099--003
 *****50.00 *****50.00

9. MANAGING MEMBERS/MANAGERS

TITLE *MGRM* Delete
 NAME *Glen J Pawlowski*
 STREET ADDRESS *300 International Parkway; Ste 190*
 CITY-ST-ZIP *Heathrow, FL 32746*

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

Walt 5/30/02

TITLE Delete
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TITLE Change Addition
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TITLE Change Addition
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 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: *[Signature]* **SIGNATURE REQUIRED**

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

1/17/02 407-261-9140

Date

Daytime Phone #

CR2E083 (9/01)