

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90581 033 ****50.00

**2003 LIMITED LIABILITY COMPANY
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L0100006873
 1. Entity Name
 PUBSTECH LLC



30066867

Principal Place of Business
 5525 NW 55 LN
 GAINESVILLE, FL 32653-3238

Mailing Address
 5525 NW 55 LN
 GAINESVILLE, FL 32653-3238

2. Principal Place of Business
 398 Lake Indian Hills Dr
 Suite, Apt. #, etc.

3. Mailing Address
 PO Box 3487
 Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State
 Carbondale IL

City & State
 Carbondale IL

Zip
 62902

Country
 Jackson

4. FEI Number
 59-3718628

Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MORRELL, GUY
 17310
 NEWBERRY, FL 32669

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
 17310 NW 32 AVE

City
 FL Zip Code

8. The above named entry 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when assisting)

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 MGRM	NAME WATSON, DENNIS G	TITLE MGRM	NAME Watson, Dennis G
STREET ADDRESS 6525 NW 55 LN	CITY-ST-ZIP GAINESVILLE, FL 32653	STREET ADDRESS 398 Lake Indian Hills Dr	CITY-ST-ZIP Carbondale IL 62902
<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE MGRM	NAME WATSON, MARVA J	TITLE MGRM	NAME Watson, Marva J
STREET ADDRESS 6525 NW 55 LN	CITY-ST-ZIP GAINESVILLE, FL 32653	STREET ADDRESS 398 Lake Indian Hills Dr	CITY-ST-ZIP Carbondale IL 62902
<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
<input type="checkbox"/> Delete		<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)(X), 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: *Dennis G. Watson* 4-27-03 6184536978
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE One Daytime Phone #

CR2E083 (10/02)