

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2002 8:00 am**  
**Secretary of State**

04-30-2002 90035 032 \*\*\*\*50.00

**DOCUMENT # L01000007728**

1. Entity Name

**CERTIFIED TECHNOLOGIES FOUNDATION, L.L.C.**

Principal Place of Business

6735 JADE POST LANE  
 CENTREVILLE VA 20121

Mailing Address

6735 JADE POST LANE  
 CENTREVILLE VA 20121

2. Principal Place of Business

**224 Clearwater DR**

3. Mailing Address

**830-13 A1A North**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**#371**

City & State

**Ponte Vedra, FL**

City & State

**Ponte Vedra FL**

Zip

**32082**

Country

**US**

Zip

**32082**

Country

**US**



DO NOT WRITE IN THIS SPACE

4. FEI Number

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

**UCC FILING & SEARCH SERVICES, INC. None**  
**526 EAST PARK AVE.**  
**TALLAHASSEE FL 32301**

Name

**None - address to Ron Adams**

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

**at Block 3 address**

City

**FL**

Zip Code

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 **Ronald F. Adams**

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

(NOTE: Registered Agent signature required when reinstating)

**1/30/02**

DATE

**Managing Member CTF, LLC.**

**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 **Ronald F. Adams** ☐ Delete  
 NAME  
 STREET ADDRESS **Block 3**  
 CITY-ST-ZIP

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

TITLE **Lynn A. Fitzgerald** ☐ Delete  
 NAME  
 STREET ADDRESS **Block 3**  
 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  
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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:

**SIGNATURE REQUIRED**

**1/30/02**

**904-280-2596**

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

Date

Daytime Phone #

CR2E083 (9/01)