

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L01000008109

FILED  
Apr 04, 2002 8:00 AM  
Secretary of State

**Entity Name:** STRUCTURED SYSTEMS HOLDINGS, LLC

## Current Principal Place of Business:

801 S. FLORIDA AVE.  
SUITE 700  
LAKELAND, FL 33801

## New Principal Place of Business:

801 S. FLORIDA AVE.  
SUITE 7  
LAKELAND, FL 33801

## Current Mailing Address:

801 S. FLORIDA AVE.  
SUITE 700  
LAKELAND, FL 33801

## New Mailing Address:

801 S. FLORIDA AVE.  
SUITE 7  
LAKELAND, FL 33801

FEI Number: 59-3720412

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MICHIE, KRISTOPHER A  
801 S. FLORIDA AVENUE, STE. 7  
LAKELAND, FL 33801 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: MGRM ( ) Change (X) Addition  
Name: RULE, ROCKY W MR.  
Address: 5810 COVEVIEW DR. E  
City-St-Zip: LAKELAND, FL 33813

Title: MGRM ( ) Change (X) Addition  
Name: MICHIE, KRISTOPHER A MR.  
Address: 5015 WILLIAMSTOWN BLVD.  
City-St-Zip: LAKELAND, FL 33810

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: KRISTOPHER A. MICHIE

MGRM

04/04/2002

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date