

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State

03-13-2002 90017 020 ****50.00

DOCUMENT # L01000008111

1. Entity Name

HVP, SYSTEMS, LLC

Principal Place of Business

4975 FAWN RIDGE PLACE
 SANFORD FL 32771

Mailing Address

4975 FAWN RIDGE PLACE
 SANFORD FL 32771

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

~~WHIGHAM, FRANK C
 200 W. FIRST ST., SUITE 22
 SANFORD FL 32771~~

Name LANCE BURNLEY
 Street Address (P.O. Box Number is Not Acceptable)

4975 Fawn Ridge PL

City SANFORD FL Zip Code 32771

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 LANCE BURNLEY CEO/President 2/1/02
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent's signature required when re-registering) DATE

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 PRESIDENT ☐ Delete
 NAME JAMES LANCE BURNLEY
 STREET ADDRESS 4975 FAWN RIDGE PL.
 CITY-ST-ZIP SANFORD, FL 32771

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

TITLE V. President ☐ Delete
 NAME Kimberly Louise Burnley
 STREET ADDRESS 4975 FAWN RIDGE PL
 CITY-ST-ZIP SANFORD, FL 32771

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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 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: LANCE BURNLEY/Pres 2/1/02 407-328-9479
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (9/01)