

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # LO1000009005**

1. Entity Name

INCORTAIN TECHNOLOGIES, LLC

Principal Place of Business

**3795 SPEAR POINT DRIVE
ORLANDO FL 32837**

Mailing Address

**3795 SPEAR POINT DRIVE
ORLANDO FL 32837**

2. Principal Place of Business

SAME AS ABOVE

3. Mailing Address

SAME AS

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3728316

Applied For

Not Applicable

5. Certificate of Status Desired

☒**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GALLO, C. RICHARD
3795 SPEAR POINT DRIVE
ORLANDO FL 32837**

7. Name and Address of New Registered Agent

Name

C. RICHARD GALLO

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

3795 SPEAR POINT DR

City

ORLANDO

FL

Zip Code

32837

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

(NOTE: Registered Agent signature required when reissuing)

DATE

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

9. MANAGING MEMBERS/MANAGERS

**PRES.
C. RICHARD GALLO
3795 SPEAR POINT DR
ORLANDO FL 32837**☐ Delete**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**☐ Delete**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**☐ Delete**TITLE
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CITY - ST - ZIP**☐ Delete**TITLE
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CITY - ST - ZIP**☐ Delete**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**☐ Delete

10. ADDITIONS/CHANGES

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

C. RICHARD GALLO

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

Date

1-4-02 407 888 3233

Daytime Phone #

FILED
Apr 09, 2002 8:00 am
Secretary of State

01-22-2002 90006 020 ****55.00



DO NOT WRITE IN THIS SPACE

CR2E083 (9/01)