

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90078 043 ****50.00

DOCUMENT # L01000010279

1. Entity Name

Q.E.D. INFORMATION AND TECHNOLOGY SERVICES, LLC

Principal Place of Business

**1301 SOUTH FIRST ST.
 #504
 JACKSONVILLE BEACH FL 32250
 US**

Mailing Address

**1301 SOUTH FIRST ST.
 #504
 JACKSONVILLE BEACH FL 32250
 US**

2. Principal Place of Business

2716 St. Johns Ave.

Suite, Apt. #, etc.

3. Mailing Address

2716 St. Johns Ave.

Suite, Apt. #, etc.

City & State

Jacksonville FL

City & State

Jacksonville FL

4. FEI Number

59-3743446

Applied For

Not Applicable

Zip

32205

Country

USA

Zip

32205

Country

USA

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**BLANKENSHIP, KIMBERLY
 1301 SOUTH FIRST STREET
 #504
 JACKSONVILLE BEACH FL 32250**

7. Name and Address of New Registered Agent

Name

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE **Manager** ☐ Delete
 NAME **Cindy Coggin**
 STREET ADDRESS **2716 St. Johns Ave.**
 CITY-ST-ZIP **Jacksonville FL 32205**

TITLE **Manager** ☐ Delete
 NAME **Michael Wingard**
 STREET ADDRESS **2716 St. Johns Ave.**
 CITY-ST-ZIP **Jacksonville FL 32205**

TITLE **Manager** ☐ Delete
 NAME **Steven Clendaniel**
 STREET ADDRESS **2716 St. Johns Ave.**
 CITY-ST-ZIP **Jacksonville FL 32205**

TITLE **Manager** ☐ Delete
 NAME **Kimberly Blankenship**
 STREET ADDRESS **2716 St. Johns Ave.**
 CITY-ST-ZIP **Jacksonville FL 32205**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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:

Kimberly Blankenship

4-22-2

904-543-8116

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

Date

Daytime Phone #

CR2E083 (9/01)