

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 28, 2002 8:00 am**  
**Secretary of State**

01-28-2002 90003 005 \*\*\*\*50.00

**DOCUMENT # L01000012034**

1. Entity Name

**ACCELLA RESEARCH LLC**

Principal Place of Business

**909 EAST NEW HAVEN AVENUE  
 SUITE 209  
 MELBOURNE FL 32901**

Mailing Address

**909 EAST NEW HAVEN AVENUE  
 SUITE 209  
 MELBOURNE FL 32901**

2. Principal Place of Business

**2901 Curry Ford Road**

3. Mailing Address

**2901 Curry Ford Road**

Suite, Apt. #, etc.

**Suite 211**

Suite, Apt. #, etc.

**Suite 211**

City & State

**Orlando FL**

City & State

**Orlando FL**

Zip

**32806**

Country

**ORANGE**

Zip

**32806**

Country

**Orange**

4. FEI Number

**59-3734403**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**LEPPERT, NIELS C  
 909 EAST NEW HAVEN AVENUE  
 SUITE 209  
 MELBOURNE FL 32901**

7. Name and Address of New Registered Agent

Name **Niels C Leppert**

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

**2901 Curry Ford Road**

**Suite 211**

City

**Orlando**

FL

Zip Code

**32806**

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

*Niels Leppert*  
 Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**1-18-02**

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE **Managing Director** ☐ Delete  
 NAME **Niels Leppert**  
 STREET ADDRESS **2901 Curry Ford Road, Suite 211**  
 CITY-ST-ZIP **Orlando, FL 32806**

10. ADDITIONS/CHANGES

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  
 NAME  
 STREET ADDRESS  
 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  
 NAME  
 STREET ADDRESS  
 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

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: *Niels Leppert* REQUIRED**

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

**1-18-02 407-897-2121**

Date

Daytime Phone #

CR2E083 (9/01)