

2002 UNIFORM BUSINESS REPORT (UBR)

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

09-18-2002 90054 039 ****55.00

DOCUMENT # L01000012174

1. Entity Name

TECHNOLOGY GENERAL CONTRACTORS OF FLORIDA, LLC

Principal Place of Business

Mailing Address

**1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324
 US**

**1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324
 US**

2. Principal Place of Business

3. Mailing Address

**6210 Shirley Street
 Suite 112**

**1005 Alderman Drive
 Suite 106**

Naples, FL

Alpharetta, GA

34109-6258

USA

30005-3825

USA

4. FEI Number

59-3741240

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**CT CORPORATE SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

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. I am familiar with, and accept the obligations of registered agent.

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 September 25, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Delete
 NAME **DAVID R. AMES**
 STREET ADDRESS **1005 ALDERMAN DR, SUITE 106**
 CITY-ST-ZIP **ALPHARETTA, GA 30005-3825**

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

TITLE ☐ Delete
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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:

David R. Ames

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

9/12/2002

Date

770-442-5100

Daytime Phone #

CR2E083 (4/02)