

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 25, 2002 8:00 am
Secretary of State

09-25-2002 90117 015 ****55.00

DOCUMENT # L01000014419

1. Entity Name
VP TECHNOLOGIES, L.L.C.

Principal Place of Business

Mailing Address

~~12085 RESEARCH DRIVE~~
~~ALACHUA FL 32615~~

ARUP SEN. C/O THE SID MARTIN BIOTECHNOLOGY
~~12085 RESEARCH DRIVE~~
~~ALACHUA FL 32615~~

2. Principal Place of Business

2444 NE 1st Blvd.

3. Mailing Address

2444 NE 1st Blvd.

Suite, Apt. #, etc.

Suite 800

Suite, Apt. #, etc.

Suite 800

City & State

Gainesville, FL

City & State

Gainesville, FL

Zip

32609

Country

US

Zip

32609

Country

US

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

SEN, ARUP

~~12085 RESEARCH DRIVE~~
~~ALACHUA FL 32615~~

Name

SEN, ARUP

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

2444 NE 1st Blvd.

Suite 800

City

Gainesville

FL

Zip Code

32609

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 **ARUP SEN (ARUP SEN)**

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

(NOTE: Registered Agent signature required when reinstating)

09-19-2002

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 **MANAGER** ☐ Delete
 NAME **ARUP SEN**
 STREET ADDRESS **2444 NE 1st Blvd. #800**
 CITY-ST-ZIP **Gainesville, FL 32609**

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

TITLE **SECRETARY** ☐ Delete
 NAME **WENDY MITCHLER ESA**
 STREET ADDRESS **2444 NE 1st Blvd. #800**
 CITY-ST-ZIP **Gainesville, FL 32609**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: **SIGNATURE REQUIRED SEN**

09-19-2002 386 462 0669

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

Date

Daytime Phone #

CR2E083 (4/02)