

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2002 8:00 am
Secretary of State

01-24-2002 90114 011 ****55.00

DOCUMENT # L01000014945

1. Entity Name

DATAWORKS TECHNOLOGIES, L.L.C.

Principal Place of Business

Mailing Address

306 CASPIAN STREET 812 W. Dr. MLK Blvd. Suite 201 Tampa, FL 33603
306 CASPIAN STREET 812 W. Dr. MLK Blvd. Suite 201 Tampa, FL 33603

2. Principal Place of Business

3. Mailing Address

812 W. Dr. Martin Luther King Jr. Blvd. Suite, Apt. #, etc. 201
812 W. Dr. Martin Luther King Jr. Blvd. Suite, Apt. #, etc. 201

City & State

City & State

Tampa, FL

Tampa, FL

Zip

Country

Zip

Country

33603

USA

33603

USA

4. FEI Number

59-3740170

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

DELISLE, ANNETTE

812 W. DR. MARTIN LUTHER KING JR. BLVD.

SUITE 201

TAMPA FL 33603

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

10. ADDITIONS/CHANGES

TITLE **President** ☐ Delete
NAME **Cari Maloney**
STREET ADDRESS **520 S. Fremont #238**
CITY-ST-ZIP **Tampa, FL 33606**

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

TITLE **V.P./Sec.-Treasurer** ☐ Delete
NAME **Annette DeLisle**
STREET ADDRESS **316 Lookout Dr**
CITY-ST-ZIP **Apollo Beach, FL 33572**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: Annette DeLisle

01/11/02 (813)864-1854

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

Date

Daytime Phone #

CR2E083 (9/01)