

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90099 015 ****50.00

DOCUMENT # L01000017427

1. Entity Name

GLOBAL IT PARTNERS, LLC



Principal Place of Business

**21671 MARIGOT DR
BOCA RATON FL 33428
US**

Mailing Address

**21671 MARIGOT DR
BOCA RATON FL 33428
US**

2. Principal Place of Business

9120 HIGHLAND RIDGE WAY

3. Mailing Address

9120 HIGHLAND RIDGE WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA, FLORIDA

City & State

TAMPA, FLORIDA

Zip

33647

Country

USA

Zip

33647

Country

4. FEI Number

59-3749116

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**JOVEL, EFRAIN PRES.
21671 MARIGOT DR
BOCA RATON FL 33428**

7. Name and Address of New Registered Agent

Name
JOVEL, EFRAIN PRESIDENT

Street Address (R.O. Box Number is Not Acceptable)
9120 HIGHLAND RIDGE WAY

City **TAMPA**

FL

Zip Code
33647

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **JOVEL, EFRAIN PRES**
STREET ADDRESS **21671 MARIGOT DR**
CITY-ST-ZIP **BOCA RATON FL 33428**

TITLE **MGRM** ☐ Delete
NAME **JOHNSON, DARRELL S**
STREET ADDRESS **17723 NATHAN'S DR**
CITY-ST-ZIP **TAMPA FL 33647**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **PRESIDENT & CEO** ☒ Change ☐ Addition
NAME **JOVEL, EFRAIN**
STREET ADDRESS **9120 HIGHLAND RIDGE WAY**
CITY-ST-ZIP **TAMPA, FL 33647**

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

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

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

TITLE ☐ Change ☐ Addition
NAME
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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 EFRAIN JOVEL

4/25/2003

(813) 994-3115

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

Date

Daytime Phone #

CR2E083 (10/02)