

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 08, 2002 8:00 am
Secretary of State

09-08-2002 90125 035 ****50.00

DOCUMENT # L01000019000

1. Entity Name
TELESIS SOLUTIONS GROUP, LLC

Principal Place of Business

**4017 COG HILL COURT
 JACKSONVILLE FL 32225**

Mailing Address

**4017 COG HILL COURT
 JACKSONVILLE FL 32225**

2. Principal Place of Business

1551 ATLANTIC BLVD

Suite, Apt. #, etc.

3. Mailing Address

1551 ATLANTIC BLVD

Suite, Apt. #, etc.

City & State

JACKSONVILLE FL

City & State

JACKSONVILLE, FL

4. FEI Number

598754604

Applied For

Not Applicable

Zip

Country

Zip

FL 32207 Country

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

6. Name and Address of Current Registered Agent

**ASHLEY, ELLIOTT S
 4017 COG HILL COURT
 JACKSONVILLE FL 32225**

7. Name and Address of New Registered Agent

Name **Ashley, Elliott S.**

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

1551 ATLANTIC BLVD

City

JACKSONVILLE

FL

Zip Code

32207

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 

(NOTE: Registered Agent signature required when reinstating)

09-03-02

DATE

**FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 Due By September 25, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
 NAME **ASHLEY, ELLIOTT S**
 STREET ADDRESS **4017 COG HILL COURT**
 CITY-ST-ZIP **JACKSONVILLE FL 32225**

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
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TITLE ☐ Delete
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 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:  **SIGNATURE REQUIRED**

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

Date

Daytime Phone #

09-03-02

CR2E083 (4/02)