

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90583 015 *****55.00

DOCUMENT # L02000004323

1. Entity Name

OPTICAL NETWORK SOLUTIONS, LLC



Principal Place of Business

**5909 21ST STREET EAST
BRADENTON FL 34206**

Mailing Address

**5909 21ST STREET EAST
BRADENTON FL 34206**

2. Principal Place of Business

2123 Whitfield Park Ave.

3. Mailing Address

P.O. Box 1049

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sarasota FL

City & State

Tallahassee, FL

4. FEI Number

04-3609262

Applied For

Not Applicable

Zip

34243

Country

USA

Zip

34270

Country

USA

5. Certificate of Status Desired

☒

**\$5.00 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**HORLICK, MICHAEL D
1314 EAST VENICE AVE.
SUITE D
VENICE FL 34292**

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 Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS / MANAGERS

TITLE **MGR** ☐ Delete
NAME **SMITH, LINDA C**
STREET ADDRESS **5909 21ST STREET EAST**
CITY-ST-ZIP **BRADENTON FL 34206**

TITLE **MGR** ☐ Delete
NAME **SMITH, JERALD H**
STREET ADDRESS **5909 21ST STREET EAST**
CITY-ST-ZIP **BRADENTON FL 34206**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE **MGR** ☒ Change ☐ Addition
NAME **SMITH, LINDA C**
STREET ADDRESS **2123 Whitfield Park Ave.**
CITY-ST-ZIP **SARASOTA, FL ~~34206~~ 34243**

TITLE **MGR** ☒ Change ☐ Addition
NAME **SMITH, JERALD H.**
STREET ADDRESS **2123 Whitfield Park Ave.**
CITY-ST-ZIP **SARASOTA, FL 34243**

TITLE ☐ Change ☐ Addition
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:

Linda C Smith **RELOUNDA C SMITH**

4/1/03

941-358-8195

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

Date

Daytime Phone #

CR2E083 (10/02)