

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2003 8:00 am
Secretary of State

4/30/

04-30-2003 90185 013 ****50.00

DOCUMENT # L02000008142

1. Entity Name

ENTERPRISE TECHNOLOGY SOLUTIONS, L.L.C.



Principal Place of Business

2601 N.W. 43RD STREET, SUITE 1A
GAINESVILLE FL 32605

Mailing Address

P.O. BOX 357685
GAINESVILLE FL 32635

44002391

2. Principal Place of Business

3832 W. Newberry Rd.

Suite, Apt. #, etc.

Ste. 2A

City & State

Gainesville, FL

Zip

32607

Country

Alachua

3. Mailing Address

3832 W. Newberry Rd.

Suite, Apt. #, etc.

Ste. 2A

City & State

Gainesville, FL

Zip

32697

Country

Alachua

4. FEI Number

71-0882548

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

FORE, R. MARK ESQ.
925 SOUTH FLORIDA AVENUE
LAKELAND FL 33803

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 re-registering)

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 ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☒ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

Gregory A. Revels

3832 W. Newberry Rd., Ste 2A

Gainesville, FL 32607

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:

Gregory A. Revels

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

4/28/03

Date

(352) 248-1010

Daytime Phone #

CR2E083 (10/02)