

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2003 8:00 am
Secretary of State

02-13-2003 90022 014 ****50.00

DOCUMENT # L02000009969

1. Entity Name
QED TECHNOLOGIES, LLC



Principal Place of Business

**2716 ST. JOHNS AVENUE
JACKSONVILLE FL 32205**

Mailing Address

**2716 ST. JOHNS AVENUE
JACKSONVILLE FL 32205**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
02-0588487

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

**BLANKENSHIP, KIMBERLY A ESQ.
1300 MARSH LANDING PKWY
SUITE 108
JACKSONVILLE BEACH FL 32250**

Name
Kimberly A. Blankenship, Esq.

Street Address (P.O. Box Number is Not Acceptable)
2716 St. Johns Avenue

City
Jacksonville

FL

Zip Code
32205

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 **Kimberly A. Blankenship, Esq.**

02/05/03

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

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
BLANKENSHIP, KIMBERLY A ESQ.
1300 MARSH LANDING PKWY., SUITE 108
JACKSONVILLE BEACH FL 32250** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Manager
Alyssa J. Key
2716 Riverside Avenue
Jacksonville, FL 32205** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
WINGARD, J. MICHAEL
2716 ST. JOHNS AVENUE
JACKSONVILLE FL 32205** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Manager
Michael G. Jones
2716 Riverside Avenue
Jacksonville, FL 32205** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
BARRETT, DAVID
2716 ST. JOHNS AVENUE
JACKSONVILLE FL 32205** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Manager
Kimberly A. Blankenship, Esq.
2716 Riverside Avenue
Jacksonville, FL 32205** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
ASCHENBACH, VESPER
2716 ST. JOHNS AVENUE
JACKSONVILLE FL 32205** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Manager
Kimberly A. Blankenship, Esq.
2716 Riverside Avenue
Jacksonville, FL 32205** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
PHILLIPS, DERRICK
2716 ST. JOHNS AVENUE
JACKSONVILLE FL 32205** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Manager
Kimberly A. Blankenship, Esq.
2716 Riverside Avenue
Jacksonville, FL 32205** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
MILLER, JARETT
2716 ST. JOHNS AVENUE
JACKSONVILLE FL 32205** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Manager
Kimberly A. Blankenship, Esq.
2716 Riverside Avenue
Jacksonville, FL 32205** ☐ Change ☐ Addition

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: Kimberly A. Blankenship, Esq.

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

02/05/03

Date

904/384-4484

Daytime Phone #

CR2E083 (10/02)