

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)


4/28/2003-90088-003-\$50.00-\$50.00
4/28/2003 FILED

03 OCT -7 AM 9:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000029692

1. Entity Name
FRY INFORMATION TECHNOLOGY, LLC



| | |
|--|--|
| Principal Place of Business 2016 MICHIGAN AVENUE NE ST. PETERSBURG FL 33703 US | Mailing Address 2016 MICHIGAN AVENUE NE ST. PETERSBURG FL 33703 US |
|--|--|

| | |
|---|---|
| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
|---|---|

| | | | |
|--------------|--------------|-------------------------------------|-------------------------------|
| City & State | City & State | 4. FEI Number 2968288 | Applied For Not Applicable |
| Zip | Country | Zip | Country |

13-4223028

CHECK HERE IF MAKING CHANGES

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

6. Name and Address of Current Registered Agent

FRY, PAUL
2016 MICHIGAN AVENUE NE
ST. PETERSBURG FL 33703

7. Name and Address of New Registered Agent

Name **PAUL FRY**

Street Address (P.O. Box Number is Not Acceptable)
2016 MICHIGAN AVENUE

City **ST PETERSBURG** FL Zip Code **33703**

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 reappointing) _____ DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|---------------------------------|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | PAUL FRY (MGRM) 2016 MICHIGAN AVENUE ST PETERSBURG, FL 33703 | |
| | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | R. CLINE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | | <input type="checkbox"/> Change <input type="checkbox"/> 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: SIGNATURE REQUIRED **4-21-03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (4/03)