

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 25, 2003 8:00 am
Secretary of State

09-25-2003 90039 018 ****50.00

DOCUMENT # L02000030463

1. Entity Name

U.S. INTEGRATORS, LLC



Principal Place of Business

Mailing Address

1274 DOUGLAS STREET, SE
PALM BAY FL 32909

P.O. BOX 510663
MELBOURNE BEACH FL 32951

90158583

2. Principal Place of Business

3. Mailing Address

1345 S. Wickham

1345 S. Wickham

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

W. Melbourne, FL

W. Melbourne, FL

Zip **32904**

Country **Brevard**

Zip **32904**

Country **Brevard**

4. FEI Number

14-1856603

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

COLEMAN, CHRISTOPHER J
1329 BEDFORD DRIVE, SUITE 1
MELBOURNE FL 32940

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 September 24, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM**
NAME **GRIMES, DAN SR**
STREET ADDRESS **1274 DOUGLAS STREET, SE**
CITY-ST-ZIP **PALM BAY FL 32908**

☐ Delete

TITLE
NAME
STREET ADDRESS **1345 S. Wickham Rd.**
CITY-ST-ZIP **W. Melbourne, FL 32909**

☒ Change

☐ Addition

TITLE
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CITY-ST-ZIP

☐ 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:

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

Date

Daytime Phone #

CR2E083 (4/03)