

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 10, 2003 8:00 am**  
**Secretary of State**  
07-10-2003 90052 015 \*\*\*\*55.00

**DOCUMENT # L02000032168**

1. Entity Name

**MARS COMPUTER TECHNOLOGIES, LLC**



Principal Place of Business

**4123 RUSSELL LANE  
PANAMA CITY FL 32404**

Mailing Address

**P.O. BOX 36221  
PANAMA CITY FL 32412**

2. Principal Place of Business

**801 Jenks Ave.**

Suite, Apt. #, etc.

**Suite H**

City & State

**Panama City FL**

Zip  
**32405**

Country

**USA**

3. Mailing Address

**P.O. Box 36221**

Suite, Apt. #, etc.

City & State

**Panama City FL**

Zip

**32412**

Country

**USA**



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

**32-0051279**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☒

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**O'DANIEL, DAVID J  
4123 RUSSELL LANE  
PANAMA CITY FL 32404**

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

**7-7-03**

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Owner / MGRm David O. Daniel 4123 Russell Ln. Panama City FL 32404</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Owner / MGRm Thurston Walker 4221 Delon Dr. Panama City FL 32405</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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)(l), 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 #

**SIGNATURE REQUIRED**

**7-7-03**

**850-815-8542**

CR2E083 (4/03)