


**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 11, 2003 8:00 am**  
**Secretary of State**

04-11-2003 90549 025 \*\*\*\*\*50.00

DOCUMENT # **L02000033911**

1. Entity Name  
**Enterprise Integration Specialists, LLC**



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <b>4280 Grovewood Ln</b>		3. Mailing Address <b>3206 S. Hopkins Ave</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b># 213</b>	
City & State <b>Titusville, FL</b>		City & State <b>Titusville, FL</b>	
Zip <b>32780</b>	Country <b>USA</b>	Zip <b>32780</b>	Country <b>USA</b>

DO NOT WRITE IN THIS SPACE

4. FEI Number <b>14-1861204</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required

<b>DO NOT WRITE IN THIS SPACE</b>	7. Name and Address of Current Registered Agent	
	Name <b>James R. Smith</b>	
	Street Address (P.O. Box Number is Not Acceptable) <b>4280 Grovewood Ln</b>	
	City <b>Titusville, FL</b>	Zip Code <b>32780</b>

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President James R. Smith 4280 Grovewood Ln Titusville, FL 32780</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President James H. Smith 4280 Grovewood Ln Titusville, FL 32780</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: **James H. Smith** **James H. Smith** **4/8/03** **813.334.8156**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #