

2001 UNIFORM BUSINESS REPORT (UBR)

0003474 AF

DOCUMENT # L96000000294

1. Entity Name

WORKSITE COMMUNICATIONS, L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 FEB -5 PM 4:45

Principal Place of Business

Mailing Address

2640-A MITCHAM DRIVE
TALLAHASSEE FL 32308

2640-A MITCHAM DRIVE
TALLAHASSEE FL 32308



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

59-3374702

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

BISCHOFF, WILLIAM S ESQUIRE
3691 DEXTER DRIVE
TALLAHASSEE FL 32312

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.

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 Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
SHERIDAN, MICHAEL H
3081 O'BRIEN DRIVE
TALLAHASSEE FL 32308

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
GAUDINO, JOSEPH P
8953 WINGED FOOT DRIVE
TALLAHASSEE FL 32312

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
400003676174--6
-02/13/01--01042--017
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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 606, Florida Statutes.

SIGNATURE:

Casey J. Williams

2/2/01

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

Date

Daytime Phone #

CR2E083 (11/00)