

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90034 013 ****50.00

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DOCUMENT # L96000000441

1. Entity Name

INDUSTROZONE TECHNOLOGIES, L.C.



Principal Place of Business

1601 W MARION AVE #103
PUNTA GORDA FL 33950

Mailing Address

1601 W MARION AVE #103
PUNTA GORDA FL 33950

2. Principal Place of Business

9650 STRICKLAND ROAD

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.
#103-250

City & State

RALEIGH, NC

City & State

Zip

Zip
27615

Country

Country

4. FEI Number 65-0753312

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

KONIDES, JIM
1601 W MARION AVE #103
PUNTA GORDA FL 33950

7. Name and Address of New Registered Agent

Name

WARREN W. WORTHLEY

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

1025 LUCIA DR.

City

PUNTA GORDA,

FL

Zip Code
33950

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 one if applicable.

(Not Registered Agent signature required when reinstating)

DATE

4/14/03

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
KONIDES, JIM
%1601 W MARION AVE, 103
PUNTA GORDA FL 33950 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
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CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
KONIDES, JIM
9650 STRICKLAND ROAD, #103-250
RALEIGH, NC 27615 ☒ Change ☐ Addition

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP
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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 (10/02)