

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L97000001188**

1. Entity Name  
**T & T SYSTEMS LC**

APPROVED  
AND  
FILED

01 APR 26 AM 8:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**2189 CLEVELAND STREET, SUITE 206  
CLEARWATER FL 33765**

Mailing Address  
**2189 CLEVELAND STREET, SUITE 206  
CLEARWATER FL 33765**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**50 S. BELCHER  
STE. 118**

3. Mailing Address  
**50 S. BELCHER  
STE. 118**

City & State  
**CLEARWATER FL**

City & State  
**CLEARWATER FL**

Zip  
**33765**

Country

Zip  
**33765**

Country

4. FEI Number  
**59-3475154**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**MAYER, G T  
2189 CLEVELAND STREET, SUITE 206  
CLEARWATER FL 33765**

**1008 1/2 DREW ST  
CLEARWATER FL  
33755**

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.

SIGNATURE \_\_\_\_\_ (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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM GOLDBERG, TANYA 2189 CLEVELAND STREET, SUITE 206 CLEARWATER FL 33765</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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR GOLDBERG, TANYA 1008 1/2 DREW ST. CLEARWATER FL 33755</b>	<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	<b>900004213759--7 -05/14/01--01010--026 *****50.00 *****50.00</b>	<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)(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: *Tanya Goldberg*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

0018921 AF

CR2E083 (11/00)