

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000002967

1. Entity Name
SYSTEMS GO INTERNATIONAL, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR 16 PM 1:56

Principal Place of Business
3825 HENDERSON BOULEVARD, SUITE 500
TAMPA FL 33629

Mailing Address
3825 HENDERSON BOULEVARD, SUITE 500
TAMPA FL 33629-5031



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

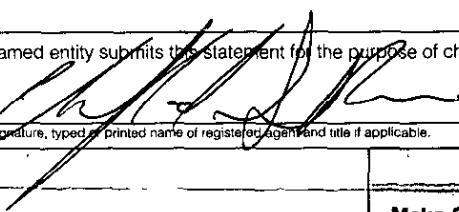
4. FEI Number 59-3517762
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
BARS, CLIFFORD S
3825 HENDERSON BOULEVARD, SUITE 500
TAMPA FL 33629

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  2/3/00
(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

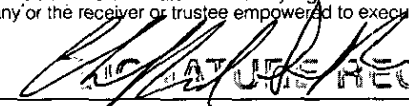
9. MANAGING MEMBERS / MEMBERS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR PACE, WILLIAM L 3689 LONE WOLF TRAIL ST. AUGUSTINE FL 32086	☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR REESE, RANDOLPH H 3689 LONE WOLF TRAIL ST. AUGUSTINE FL 32086	☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR BARS, CLIFFORD S 3825 HENDERSON BOULEVARD, SUITE 500 TAMPA FL 33629	☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR BATES, BEN JR. 3400 CRILL AVE. PALATKA, FL 32177	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR WOLFENDEN, JOHN W. 700 ZEAGLER DRIVE, SUITE 9 PALATKA, FL 32177	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	900003189479-4 -03/30/00-01022-011 *****50.00 *****50.00	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS 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 REQUIRED 2/3/00 (813) 282-3603
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone # ext. 122