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

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

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	7. Name and Address of New Registered Agent
BARSI, CLIFFORD S 3825 HENDERSON BOULEVARD, SUITE 500 TAMPA FL 33629	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		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ☐ Delete PACE, WILLIAM L 3689 LONE WOLF TRAIL ST. AUGUSTINE FL 32086	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ☐ Change ☒ Addition BATES, BEN JR. 3400 CRILL AVE. PALATKA, FL 32177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ☐ Delete REESE, RANDOLPH H 3689 LONE WOLF TRAIL ST. AUGUSTINE FL 32086	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ☐ Change ☒ Addition WOLFENDEN, JOHN W. 700 ZEAGLER DRIVE, SUITE 9 PALATKA, FL 32177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ☐ Delete BARSI, CLIFFORD S 3825 HENDERSON BOULEVARD, SUITE 500 TAMPA FL 33629	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 900002189479--4 -03/30/00--01022--011 *****50.00 *****50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	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 ext. 122
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #