2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L9900000276

Jul 16, 2002 8:00 am Secretary of State TEL-TRON SYSTEMS SOLUTIONS, L.L.C. 07-16-2002 90371 021 ****50 00 Principal Place of Business Mailing Address 220 FENTRESS BLVD. 220 FENTRESS BLVD. 970329 DAYTONA BEACH FL 32114 DAYTONA BEACH FL 32114 2. Principal Place of Business Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3552146 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DAWSON, N.RICK Street Address (P.O. Box Number is Not Acceptable) 220 FENTRESS BLVD. DAYTONA BEACH FL 32114 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) · FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By September 25, 2002 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES MGRM TITLE TITLE Delete Change ☐ Addition **TEL-TRON TECHNOLOGIES CORPORATION** NAME NAME STREET ADDRESS 220 FENTRESS BLVD. STREET ADDRESS CITY-ST-ZIP DAYTONA BEACH FL 32114 CITY-ST-ZIP President Cer Brian Dawson TITLE Mesidenti CET Delete TITLE ☐ Change Addition NAME NAME Brian Diwsor STREET ADDRESS STREET ADDRESS 220 Fentress Blvd CITY-ST-ZIF CITY-ST-ZIP putono Boach Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 plorida Statutes.

CITY-ST-ZIP

MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED