

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000000478

1. Entity Name...
EMBEDDED SYSTEMS ENGINEERING, L.L.C.

FILED

00 JAN 19 AM 11:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
209 SOUTH HALIFAX AVENUE
DAYTONA BEACH FL 32118

Mailing Address
209 SOUTH HALIFAX AVENUE
DAYTONA BEACH FL 32118-6814

2. Principal Place of Business

611 N. Wymore Road
Suite, Apt. #, etc.

#219
City & State

Winter Park, FL

Zip Country
32789 USA

3. Mailing Address

611 N. Wymore Road
Suite, Apt. #, etc.

#219
City & State

Winter Park, FL

Zip Country
32789 USA

4. FEI Number

59-3557280

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GARDNER, ROBERT M
209 SOUTH HALIFAX AVENUE
DAYTONA BEACH FL 32118

7. Name and Address of New Registered Agent

Name

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

611 N. Wymore Road

Suite 219

City

Winter Park

FL

Zip Code

32789

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

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
MGRM GARDNER, ROBERT M
STREET ADDRESS 209 SOUTH HALIFAX AVENUE
CITY-ST-ZIP DAYTONA BEACH FL 32118 ☐ Delete

TITLE NAME
MGRM NOWELL, MICKEY
STREET ADDRESS 129 FOXRIDGE RUN
CITY-ST-ZIP LONGWOOD FL 32750 ☐ Delete

TITLE NAME
MGRM JOHNSON, DALE
STREET ADDRESS 1050 TERRACE BOULEVARD
CITY-ST-ZIP ORLANDO FL 32803 ☐ 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 ☐ Change ☐

TITLE NAME

STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐
900003112329-3
-01/27/00--01015--023
*****50.00 *****50.00

TITLE NAME

STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐

TITLE NAME

STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐

TITLE NAME

STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐

TITLE NAME

STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐

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

12 Jan 2000

Date

Daytime Phone #