

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000002076

1. Entity Name

COGNITIVE SYSTEMS, LLC

FILED

00 JAN 18 PM 2:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

16804 ROLLING ROCK DRIVE  
TAMPA FL 33618

Mailing Address

16804 ROLLING ROCK DRIVE  
TAMPA FL 33618-1115

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-35644-76

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

LOMBARDI, DONALD L  
16804 ROLLING ROCK DRIVE  
TAMPA FL 33618

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

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 MGRM  
STREET ADDRESS LOMBARDI, DONALD L  
CITY- ST- ZIP 16804 ROLLING ROCK DRIVE  
TAMPA FL 33618 ☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY- ST- ZIP

50000311785-5  
-02/01/00--01037--016  
\*\*\*\*\*50.00 \*\*\*\*\*50.00  
☐ Change ☐ Addition

TITLE NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Delete

TITLE NAME  
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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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

1-5-2000 813-910-2812