2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #: L99000002366

1. Entity Name

I-TECH SUPPORT, L.L.C.

Principal Place of Business	Mailing Address
37 SKYLINE DR., SUITE 1101	37 SKYLINE DR., SUITE 1101
LAKE MARY FL 32746	LAKE MARY FL 32746-6249

2. Principal Place of Business	3. Mailing Address
151 Southhall Lane	151 Southhall Lane
Suite, Apt. #, etc. 250	Suite, Apt. #, etc. 250
City & State Maitland FL	City & State Maitland FL
Zip 32751 Country	Zip 32757 Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3572274 — 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
STOCKMAN, DANIEL A	Name
1253 VICKERS LAKE DRIVE	Street Address (P.O. Box Number is Not Acceptable)
OCOEE FL 34761	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 _____ 1/31/2000

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 MGRM	☐ Delete	TITLE	☐ Change ☐ Addition
NAME AVERY, BRIAN J		NAME	5000031271 65--8
STREET ADDRESS 2726 ORCHARD DRIVE		STREET ADDRESS	-02/08/00--01053--011
CITY-ST-ZIP APOPKA FL 32712		CITY-ST-ZIP	*****50.00 *****50.00
TITLE MGRM	☐ Delete	TITLE	☐ Change ☐ Addition
NAME STOCKMAN, DANIEL A		NAME	
STREET ADDRESS 1253 VICKERS LAKE DRIVE		STREET ADDRESS	
CITY-ST-ZIP OCOEE FL 34761		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-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-ZIP		CITY-ST-ZIP	

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: _____ 1/31/2000 407-265-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #