

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2002 8:00 am
Secretary of State

02-19-2002 90064 021 *****50.00

DOCUMENT # L99000003005

1. Entity Name

NETWORK, L.L.C.

Principal Place of Business

**831 NORTH MONROE STREET
TALLAHASSEE FL 32303**

Mailing Address

**831 NORTH MONROE STREET
TALLAHASSEE FL 32303**

920000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3580043

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SMITH, DOUGLAS W
1136 THOMASVILLE ROAD
TALLAHASSEE FL 32303**

7. Name and Address of New Registered Agent

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
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input checked="" type="checkbox"/> Delete
NAME	BUSINESS COMMUNICATIONS, INC.	
STREET ADDRESS	831 NORTH MONROE STREET	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE	MGMR	<input checked="" type="checkbox"/> Delete
NAME	EGGERT, CHRISTOPHER	
STREET ADDRESS	215 MILL BRANCH ROAD	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	Fontela, Lucia P	
STREET ADDRESS	1837 EASTON FOREST DR.	
CITY-ST-ZIP	TALLAHASSEE FL 32311	
TITLE	MGMR	<input type="checkbox"/> Delete
NAME	ALLEN, TOM III	
STREET ADDRESS	831 NORTH MONROE STREET	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE	MGMR	<input type="checkbox"/> Delete
NAME	SMITH, DOUGLAS W	
STREET ADDRESS	831 NORTH MONROE STREET	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE	CHAPIN FRAZEE	<input type="checkbox"/> Delete
NAME	831 N Monroe Street	
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	CHAPIN FRAZEE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	831 N Monroe St	
STREET ADDRESS	TALL FL 32303	
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:

[Signature]

2/13/02

850 205-5012

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)