

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000003808

1. Entity Name

HIGHWAY DATA SYSTEMS, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 24 AM 9:42

Principal Place of Business

2107 NORTH PARK AVENUE
WINTER PARK FL

Mailing Address

2107 NORTH PARK AVENUE
WINTER PARK FL 32789-2309

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

59-3585296

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

HARRISON, CHARLES R ESQ.
1400 WEST FAIRBANKS AVENUE, SUITE 204
WINTER PARK FL

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

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MGRM MITCHELL, STEVE L ☐ Delete
STREET ADDRESS 122 HOLTZ DRIVE
CITY- ST- ZIP CASSELBERRY FL 32707

TITLE NAME MGRM NEDAS, NICHOLAS D ☐ Delete
STREET ADDRESS 1820 LEE JANZEN DRIVE
CITY- ST- ZIP KISSIMMEE FL 34744

TITLE NAME MGRM STIMSONITE CORPORATION ☐ Delete
STREET ADDRESS 6565 WEST HOWARD AVENUE
CITY- ST- ZIP NILES IL 60714

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 700003161237--0
CITY- ST- ZIP -03/07/00--01099--011

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS *****50.00 *****50.00
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

2/18/00

Date

407/644-5858

Daytime Phone #

CR2ED83 (9/99)