

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000004252**

1. Entity Name

BLUE SKY TECHNOLOGY SERVICES, LLC

FILED

01 MAY 14 PM 1:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

4731 WEST ATLANTIC AVE., SUITE B-8
DELRAY BEACH FL 33445-3866

4731 WEST ATLANTIC AVE., SUITE B-8
DELRAY BEACH FL 33445-3866



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

4545 N Barwick Ranch Cir
Suite, Apt. #, etc.
1st Floor

4545 N. Barwick Ranch Cir
Suite, Apt. #, etc.
1st Floor

City & State
Delray Beach, FL

City & State
Delray Beach, FL

4. FEI Number

65-0945701

Applied For

Not Applicable

Zip
33445

Country
PALM BEACH

Zip
33445

Country
PALM BEACH

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

SARIAN, LORI C
4545 N. BARWICK RANCH CIRCLE
DELRAY BEACH FL 33445

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 reinstalling)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
SARIAN, LORI C
4545 N. BARWICK RANCH CIRCLE
DELRAY BEACH FL 33445 Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change Addition
000004416100--8
-06/12/01--01062--007
*****50.00 *****50.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Delete

TITLE
NAME
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: *Lori Sarian* REQUIRED

5-1-01 561-498-8986

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

CR2E083 (11/00)

0015359 AF