

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000004724

1. Entity Name
TN TECHNOLOGY LLC

Principal Place of Business
900 E. INDIANTOWN ROAD, SUITE 216
JUPITER FL 33477

Mailing Address
900 E. INDIANTOWN ROAD, SUITE 216
JUPITER FL 33477

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 65-0939644

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

7. Name and Address of New Registered Agent

NEVES; TERRY A
900 E. INDIANTOWN ROAD, SUITE 216
JUPITER FL 33477

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
STREET ADDRESS
CITY-ST-ZIP
MGRM
NEVES, TERRY
900 E. INDIANTOWN ROAD, SUITE 216
JUPITER FL 33477 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
NEVES, ELIZABETH A
2701 PALO ALTO DRIVE NE
ALBUQUERQUE NM 87112 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
700003854257 ☐ Change ☐ Addition
-03/15/01--01067--023
*****50.00 *****50.00

TITLE
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☐ Delete

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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: *John A. Neves*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

03-05-01 561-741-7181
Date Daytime Phone #

0015695 AF

CR2E083 (11/00)