2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #   **L99000006236**

1. Entity Name

GOVERNMENT BUSINESS SERVICES GROUP, L.L.C.

Principal Place of Business	Mailing Address
5461 W. WATERS AVE., STE 900 TAMPA FL 33634	5461 W. WATERS AVE., STE 900 TAMPA FL 33634-1205

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

DO NOT WRITE IN THIS SPACE

Zip	Country	Zip	Country

4. FEI Number **59-3602264**   Applied For / Not Applicable

5. Certificate of Status Desired **XX**   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HOLLAND SR, JOHN L 5461 W. WATERS AVE., STE 900 TAMPA FL 33634	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 ☐ Delete	TITLE **MGRM** NAME **Holland,Sr.,John L.** STREET ADDRESS **5461 W. Waters Ave., Suite 900** CITY-ST-ZIP **Tampa, FL 33634** ☐ Change
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE **MGR** NAME **Holland, Jr., John L.** STREET ADDRESS **5461 W. Waters Ave., Suite 900** CITY-ST-ZIP **Tampa, FL 33634** ☐ Change
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE **MGR** NAME **Hord III, Ben F** STREET ADDRESS **111 S. Alfred Street** CITY-ST-ZIP **Alexanderia, VA 22314** ☐ Change
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE NAME **000003117870--0** STREET ADDRESS **-02/01/00--01041--012** CITY-ST-ZIP *******55.00 *****55.00** ☐ Change
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change

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: _____ REQUIRED   01/06/00   800 453 9929

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