

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000006236

1. Entity Name

GOVERNMENT BUSINESS SERVICES GROUP, L.L.C.

Principal Place of Business

5461 W. WATERS AVE., STE 900
TAMPA FL 33634

Mailing Address

5461 W. WATERS AVE., STE 900
TAMPA FL 33634

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

59-3602264

Applied For

Not Applicable

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

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 MGRM ☐ Delete
NAME HOLLAND, JOHN L SR.
STREET ADDRESS 5461 W. WATERS AVE., STE 900
CITY-ST-ZIP TAMPA FL 33634

TITLE MGR ☐ Change ☒ Addition
NAME John Ratteree
STREET ADDRESS 4324 Wade Hampton Blvd. Ste F
CITY-ST-ZIP Taylors, SC 29687

TITLE MGR ☐ Delete
NAME HOLLAND, JOHN L JR.
STREET ADDRESS 5461 W. WATERS AVE., STE 900
CITY-ST-ZIP TAMPA FL 33634

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

TITLE MGR ☐ Delete
NAME HORD, BEN F III
STREET ADDRESS 111 S. ALFRED STREET
CITY-ST-ZIP ALEXANDRIA VA 22314

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE

01/17/01 800 483 9929

Daytime Phone #

FILED
01 JAN 19 PM 3:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E083 (11/00)