

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000008341

1. Entity Name
PUBLIC ACCESS TECHNOLOGIES VENTURES 1, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 25 AM 9:15

Principal Place of Business

101 PHILIPPE PARKWAY
STE 300
SAFETY HARBOR FL 34695

Mailing Address

101 PHILIPPE PARKWAY
STE 300
SAFETY HARBOR FL 34695-3662

2. Principal Place of Business

Same as above
Suite, Apt. #, etc.

3. Mailing Address

Same as above
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ Applied For

☐ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PARKER, GERALD C
101 PHILIPPE PKWY, STE 300
SAFETY HARBOR FL 34695

7. Name and Address of New Registered Agent

Name *n/a*

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 *n/a*

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

ref 5/8/00

9. MANAGING MEMBERS/MEMBERS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
	manager	Raymond Bayler	101 Philippe Parkway, Suite 300	
		Safety Harbor, FL	34695	
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		900003164339--9	-03/09/00--01095--017		
		*****55.00	*****55.00		
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

1/24/00 (727)669-0645