

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000008889

1. Entity Name

FORCE COMMUNICATIONS & CONSULTANTS, L.L.C.

FILED

01 APR 23 PM 5:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
1000 OLDE DOUBLOON DRIVE
VERO BEACH FL 32963

Mailing Address
1000 OLDE DOUBLOON DRIVE
VERO BEACH FL 32963

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number ☒ Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
FENNELL, TODD W
979 BEACHLAND BLVD.
VERO BEACH FL 32963

7. Name and Address of New Registered Agent
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 _____ (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
TITLE NAME STREET ADDRESS CITY-ST-ZIP
CHAIRMAN HAROLD W. GORE 1000 OLDE DOUBLOON DR VERO BEACH, FL 32963
PRESIDENT JOHN E. LAUER 4611 WYNMEADE PARK MARIETTA, GA 30067

10. ADDITIONS/CHANGES
TITLE NAME STREET ADDRESS CITY-ST-ZIP
6000004133566-6
-05/03/01--01064--009
*****50.00 *****50.00

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: *Harold W. Gore*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

HAROLD W. GORE

4/20/01

Date

561-231-8928

Daytime Phone #

CR2E083 (11/00)