

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **100000000740**

1. Entity Name

Project Systems International LLC

FILED

01 FEB 26 AM 11:08

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business

Mailing Address

2. Principal Place of Business

2009 Collins Ave.

3. Mailing Address

617 Crooked Pine Ct.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Miami Beach, FL

City & State

Apopka, FL

4. FEI Number

52-2211879

Applied For

Not Applicable

Zip

Country

33139 USA

Zip

Country

32712 USA

5. Certificate of Status Desired

☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

Walter L. Nobles

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

5282 NW 113th Ave.

City

Coral Springs

FL

Zip Code

33076

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

Walter L. Nobles

2/10/01

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

TITLE **President** ☐ Delete
NAME **Frederic H. Nobles, Jr.**
STREET ADDRESS
CITY-ST-ZIP

TITLE **Vice President** ☐ Delete
NAME **Walter L. Nobles**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **2824 Bienville Blvd.**
CITY-ST-ZIP **Dauphin Island, AL. 36528**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **5282 NW 113th Ave.**
CITY-ST-ZIP **Coral Springs, FL 33076**

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

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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:

Walter L. Nobles

2/10/01

305-538-4586

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

Date

Daytime Phone #

CR2E083 (11/00)