

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# M00000001801

FILED  
Apr 26, 2002 8:00 AM  
Secretary of State

**Entity Name:** MUNICIPAL SYSTEMS CONSULTING, LLC

**Current Principal Place of Business:**

4919 MEMORIAL HWY., STE. 200  
TAMPA, FL 33634

**New Principal Place of Business:**

**Current Mailing Address:**

4919 MEMORIAL HWY., STE. 200  
TAMPA, FL 33634

**New Mailing Address:**

**FEI Number:** 38-3550642

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TRIM, JEFFREY  
4919 MEMORIAL HWY., STE. 200  
TAMPA, FL 33634 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: LOMAKO, NICHOLAS P  
Address: 25251 NORTHLINE RD.  
City-St-Zip: TAYLOR, MI 48180

Title: MGR ( ) Delete  
Name: HUEGLI, JON M  
Address: 25251 NORTHLINE RD.  
City-St-Zip: TAYLOR, MI 48180

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: NICHOLAS P LOMAKO

MGR

04/26/2002

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date