**FILED** 

## 2002 UNIFORM BUŞINESS REPORT (UBR)

11. I hereby certify that the inform indicated on this report is limited liability company

## Jan 16, 2002 8:00 am § Secretary of State DOCUMENT # M0000002647 01-16-2002 90255 021 \*\*\*\*50.00 TECHNOLOGY LICENSING CO. LLC Principal Place of Business Mailing Address 3205 HARVEST MOON STE 200 3205 HARVEST MOON STE 200 PALM HARBOR FL 34683 PALM HARBOR FL 34683 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 22-0265673 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WILLSON JR. RICHARD C Street Address (P.O. Box Number is Not Acceptable) 3205 HARVEST MOON STE 200 **PALM HARBOR FL 34683-2127** City 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, 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 Due By May 1, 2002 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES TITLE MGRM ☐ Detete TITLE ☐ Addition Change WILLSON JR, RICHARD C NAME NAME STREET ADDRESS 3205 HARVEST MOON STE 200 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM HARBOR FL ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME ... 1... 1 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change □ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

nation 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 e 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 preceiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.