

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 92177 019 *****55.00

DOCUMENT # M01000001450

1. Entity Name
DIGITAL TECHNOLOGY SYSTEMS, LLC



Principal Place of Business

**4600 WEST CYPRESS
SUITE 460
TAMPA, FL 33607 US**

Mailing Address

**PO BOX 20687
TAMPA, FL 33622 US**

2. Principal Place of Business

1111 N. Hwy 427

Suite, Apt. #, etc. **121**

City & State

Longwood, FL

Zip **32750**

Country **US**

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-3741449

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**F & L CORP.
200 LAURA STREET, THIRD FLOOR
JACKSONVILLE, FL 32202**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☒ Delete
NAME **MEIXSELL, CRAIG A**
STREET ADDRESS **1111 N HWY 427, # 141**
CITY-ST-ZIP **LONGWOOD, FL 32750**

TITLE **MGRM** ☐ Delete
NAME **JOHNIGEAN, JOSEPH A**
STREET ADDRESS **8309 SHADY GROVE COURT**
CITY-ST-ZIP **JACKSONVILLE, FL 32256**

TITLE **MGR** ☐ Delete
NAME **DARR, DALE E**
STREET ADDRESS **7360 PERIWINKLE DRIVE**
CITY-ST-ZIP **SARASOTA, FL 34231**

TITLE **MGR** ☒ Delete
NAME **FREEMAN, WILLIAM**
STREET ADDRESS **4914 LYFORD CAY ROAD**
CITY-ST-ZIP **TAMPA, FL 33629**

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
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
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: **[Signature]**

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

Scott Habraken

4-28-03

407-260-5818

Date

Daytime Phone #

CR2E083 (10/02)