

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M95000000351

1. Entity Name
GTW SPACE SYSTEMS L.L.C.

FILED

01 NOV -7 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 2001

Principal Place of Business
7301 124TH AVE. NORTH
LARGO FL 33773

Mailing Address
P.O. BOX 8098
GRAND RAPIDS MI 49518-8098

2. Principal Place of Business
12555 Enterprise Blvd
Suite 101
Largo, FL

3. Mailing Address
12555 Enterprise Blvd
Suite 101
Largo, FL

4. FEI Number 38-3217892

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

NEWMAN, ROY
12555 ENTERPRISE BLVD.
SUITE 101
LARGO FL 33773

7. Name and Address of New Registered Agent

Name Clark Williams
Street Address (P.O. Box Number is Not Acceptable)
12555 Enterprise Blvd.
Suite 101
City Largo FL Zip Code 33773

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 *Clark Williams*

CLARK WILLIAMS GM

9-21-01

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE MGR
NAME NEWMAN, ROY
STREET ADDRESS 7301 124TH AVENUE NORTH
CITY-ST-ZIP LARGO FL 33773 ☒ Delete

TITLE *Charles Williams*
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE GENERAL MANAGER ☒ Change ☒ Addition
NAME CLARK WILLIAMS
STREET ADDRESS 12555 Enterprise Blvd. Suite 101
CITY-ST-ZIP Largo, FL 33773

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

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

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

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

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

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

9-21-01

Date

(727)
539-1611

Daytime Phone #

00000000 AB

CR2E083 (11/00)