

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M98000000446

1. Entity Name

TECHNOLOGY SERVICE BUREAU, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 22 PM 12:09

Principal Place of Business

6101 LAKE ELLENOR DR
ORLANDO FL 32809

Mailing Address

P.O. BOX 19926
ALEXANDRIA VA 22320-0926



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3480128

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HALEY-HOGUE, MARY E
6101 LAKE ELLENOR DR.
ORLANDO FL 32809

Name

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

400003161394-2

City

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

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

1/31/00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MGRM FLEMMING, HARRY
STREET ADDRESS 424 N. WASHINGTON STREET
CITY-ST-ZIP ALEXANDRIA VA 22314 ☐ Delete

TITLE NAME ☒ Change ☐ Addition
STREET ADDRESS 99 CANAL CENTER PLAZA - STE 220
CITY-ST-ZIP

TITLE NAME MGRM LANDIS, JANE
STREET ADDRESS 424 N. WASHINGTON STREET
CITY-ST-ZIP ALEXANDRIA VA 22314 ☐ Delete

TITLE NAME ☒ Change ☐ Addition
STREET ADDRESS 99 CANAL CENTER PLAZA STE 220
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME MEMBER MARY E. HALEY
STREET ADDRESS 6101 LAKE ELLENOR DR.
CITY-ST-ZIP ORLANDO, FL 32809 ☐ Change ☒ Addition

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME MEMBER CHARLES PERKINSON
STREET ADDRESS 6101 LAKE ELLENOR DR.
CITY-ST-ZIP ORLANDO, FL 32809 ☐ Change ☒ Addition

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME MEMBER H. TODD FLEMMING
STREET ADDRESS 6101 LAKE ELLENOR DR.
CITY-ST-ZIP ORLANDO, FL 32809 ☐ Change ☒ Addition

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME MEMBER JANE L. FLEMMING
STREET ADDRESS 6101 LAKE ELLENOR DR.
CITY-ST-ZIP ORLANDO, FL 32809 ☐ 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 REQUIRED
JANE LANDIS

1/31/00

Date

703/549-3400

Daytime Phone #

Advantor Corporation

Members: Additions:

Member

Jeffrey J. Whirley
6101 Lake Ellenor Drive
Orlando, FL 32809

Member

Terrell L. Ruhlman
7663 East Wingtip Way
Scottsdale, AZ 88255