

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M98000001432

1. Entity Name
PULSEWORKS, LLC

Principal Place of Business
200 GALLERIA PARKWAY NW, 4TH FL., STE 440
ATLANTA GA 30339

Mailing Address
200 GALLERIA PARKWAY NW, 4TH FL., STE 440
ATLANTA GA 30339-5918

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 58-2369172

Applied For
Not Applicable

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

TAYLOR, JAMES J
6564 44TH ST., NORTH, BLDG. 805
PINELLAS PARK FL 33781

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.

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

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE NAME ☐ Delete
MGR STRICKLAND, ED
STREET ADDRESS 635 DISCOVERY DR
CITY - ST - ZIP HUNTSVILLE FL 35806

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

TITLE NAME ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE NAME ☐ Change ☐ Addition
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TITLE NAME ☐ Change ☐ Addition
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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

1/5/00 770-916-1722
Date Daytime Phone #

FILED

00 JAN 13 AM 7:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E083 (9/99)