2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 05, 2000 8:00 am
Secretary of State
04-05-2000 90087 012 ***150.00

DOCUMENT # 379614

1. Entity Name

PRACTICAL SYSTEMS, INCORPORATED

Principal Place of Business	Mailing Address
11617 PROSPECT RD ODESSA FL 33556 US	11617 PROSPECT RD ODESSA FL 33556-3428 US

DO NOT WRITE IN THIS SPACE

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 59-1346745 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HERNANDEZ, G.P. 27802 ARUNGTON ROAD ZEPHYRHILLS FL 33544	Name: HERNANDEZ, G.P. Street Address (P.O. Box Number is Not Acceptable): 27802 ARLINGTON ROAD City: ZEPHYRHILLS FL Zip Code: 33544

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEO JANKURA, JUNE 520 S. WOODLANDS DR. OLDSMAR FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/CEO JANKURA, JUNE 520 S. WOODLANDS OLDSMAR, FL. 34677	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MACARTNEY, WILLIAM 1676 LINCOLN AVE UTICA, NLYL 00000	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HERNANDEZ, MATTHEW 8013 BEATY GROVE DR TAMPA FL 33626	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/D HERNANDEZ, MATTHEW 8013 BEATY GROVE DR. TAMPA, FL. 33626	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P HERNANDEZ, G.P. 27802 ARLINGTON ROAD ZEPHYRHILLIS FL 33544	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/P HERNANDEZ, G.P. 27802 ARLINGTON RD. ZEPHYRHILLS, FL. 33544	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BIZER, JERRY 2307 WESLEYAN CT. LOUISVILLE KY 40242	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/99)

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE Glen P. Hernandez Glen P. Hernandez 1/31/00 727/376/7900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #