

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2002 8:00 am
Secretary of State

02-14-2002 90102 042 ***150.00

DOCUMENT # 379614

1. Entity Name
PRACTICAL SYSTEMS, INCORPORATED

Principal Place of Business

11617 PROSPECT RD
ODESSA FL 33556
US

Mailing Address

11617 PROSPECT RD
ODESSA FL 33556
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1346745**

Applied For
 Not Applicable

Zip Country Zip Country

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 ARUNGTION ROAD
ZEPHYRHILLS FL 33544

Name

Street Address (P.O. Box Number is Not Acceptable)
27802 ARLINGTON ROAD

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

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, 2002 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 ☐ Delete
 NAME **DCEO**
 STREET ADDRESS **JANKURA, JUNE**
 CITY-ST-ZIP **520 S. WOODLANDS DR. OLDSMAR FL**

TITLE ☒ Change ☐ Addition
 NAME **D**
 STREET ADDRESS **JANKURA, JUNE E**
 CITY-ST-ZIP **520 S. WOODLANDS DR. OLDSMAR, FL 33557**

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **MACARTNEY, WILLIAM**
 CITY-ST-ZIP **1676 LINCOLN AVE UTICA, NY 13503**

TITLE ☒ Change ☐ Addition
 NAME **UTICA, NY 13503**

TITLE ☐ Delete
 NAME **VD**
 STREET ADDRESS **HERNANDEZ, MATTHEW**
 CITY-ST-ZIP **8013 BEATY GROVE DR TAMPA FL 33626**

TITLE ☒ Change ☐ Addition
 NAME **D/V**
 STREET ADDRESS **HERNANDEZ, MATTHEW**
 CITY-ST-ZIP **7451 ISLANDER LANE HUDSON, FL 34667**

TITLE ☐ Delete
 NAME **DP**
 STREET ADDRESS **HERNANDEZ, G.P.**
 CITY-ST-ZIP **27802 ARLINGTON ROAD ZEPHYRHILLS FL 33544**

TITLE ☒ Change ☐ Addition
 NAME **D/P**
 STREET ADDRESS **HERNANDEZ, GLEN P.**
 CITY-ST-ZIP **27802 ARLINGTON ROAD ZEPHYRHILLS, FL 33544**

TITLE ☒ Delete
 NAME **D**
 STREET ADDRESS **BIZER, JERRY**
 CITY-ST-ZIP **2307 WESLEYAN CT. LOUISVILLE KY 40242**

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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 empowerments.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REQUIRED GLEN P. HERNANDEZ

Date

Daytime Phone #

1/24/02

727-376-7900

CR2E034 (9/01)