

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 09, 2000 8:00 am
Secretary of State

03-09-2000 90030 001 ***317.50

DOCUMENT # 487577

1. Entity Name

MANGROVE SYSTEMS, INC.

Principal Place of Business

Mailing Address

217 HOBBS STREET
 SUITE 100
 TAMPA FL 33619

217 HOBBS STREET
 SUITE 100
 TAMPA FL 33619-8033



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

217 HOBBS STREET

217 HOBBS STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 101

SUITE 101

City & State

City & State

TAMPA, FL

TAMPA, FL

4. FEI Number

59-1647474

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

ED SAVITZ
 220 S. FRANKLIN ST.
 TAMPA FL 33602

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

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 Delete
 NAME ST ROBERT L. WHITMAN
 STREET ADDRESS 9720 PRINCESS PALM AVE
 CITY-ST-ZIP TAMPA FL

TITLE Change Addition
 NAME ST ROBERT L. WHITMAN
 STREET ADDRESS 217 HOBBS ST // STE 101
 CITY-ST-ZIP TAMPA, FL 33619

TITLE Delete
 NAME SP SHEPHERD, R.C.
 STREET ADDRESS 9720 PRINCESS PALM AVE
 CITY-ST-ZIP TAMPA FL

TITLE Change Addition
 NAME SP ROBERT C SHEPHERD
 STREET ADDRESS 217 HOBBS ST // STE 101
 CITY-ST-ZIP TAMPA, FL 33619

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 empowered.

SIGNATURE:

[Handwritten Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 ROBERT C SHEPHERD

Jan. 14, 2000
 Date
 (813) 655-5401
 Daytime Phone #

CR2E034 (9/99)