

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 07, 2003 8:00 am**  
**Secretary of State**

03-07-2003 90132 005 \*\*\*150.00

UBR53/27  
AV

**DOCUMENT # P01000035802**

1. Entity Name  
**DAYTEC SYSTEMS, INC.**



Principal Place of Business  
**2332 FORTUNE ROAD  
SUITE 185  
KISSIMMEE FL 34744**

Mailing Address  
**2332 FORTUNE ROAD  
SUITE 185  
KISSIMMEE FL 34744**



2. Principal Place of Business  
**1340 E. Vine St  
Suite, Apt. #, etc.  
Suite 221**

3. Mailing Address  
**1340 E. Vine St  
Suite, Apt. #, etc.  
Suite 221**

City & State  
**Kissimmee FL**

City & State  
**Kissimmee FL**

4. FEI Number **59-3710717**

Applied For  
Not Applicable

Zip **34744** Country **USA**

Zip **34744** Country **USA**

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**O'LOUGHLIN, MICHAEL W  
2332 FORTUNE ROAD  
SUITE 185  
KISSIMMEE FL 34744**

Name **Michael W. O'Loughlin**  
Street Address (P.O. Box Number is Not Acceptable)  
**1340 E. Vine St  
Suite 221**  
City **Kissimmee** FL Zip Code **34744**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **3/3/03**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>O'LOUGHLIN, MICHAEL W</b> <b>211 WESTMORELAND CIR</b> <b>KISSIMMEE FL 34744</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>O'LOUGHLIN, FIALISHIA C</b> <b>211 WESTMORELAND CIR</b> <b>KISSIMMEE FL 34744</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **3/3/03** DAYTIME PHONE # **407-348-4514**

CR2E034 (10/02)