

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

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

0569787
AV

DOCUMENT # **P01000035802**

1. Entity Name
DAYTEC SYSTEMS, INC.



03-07-2003 90132 005 ***150.00



CHECK HERE IF MAKING CHANGES

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
City & State
Kissimmee FL

3. Mailing Address
1340 E. Vine St
Suite, Apt. #, etc.
Suite 221
City & State
Kissimmee FL

4. FEI Number **59-3710717** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**O'LOUGHLIN, MICHAEL W
2332 FORTUNE ROAD
SUITE 185
KISSIMMEE FL 34744**

7. Name and Address of New Registered Agent
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 DATE **3/3/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'LOUGHLIN, MICHAEL W 211 WESTMORELAND CIR KISSIMMEE FL 34744 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T O'LOUGHLIN, FIALISHIA C 211 WESTMORELAND CIR KISSIMMEE FL 34744 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 REQUIRED** DATE **3/3/03** Daytime Phone # **407-348-4514**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)