

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P94000034390

FILED  
Jan 18, 2002 8:00 AM  
Secretary of State

Entity Name: MINUTEMAN SYSTEMS, INC.

## Current Principal Place of Business:

864 E PARK AVE  
TALLAHASSEE, FL 32301

## New Principal Place of Business:

## Current Mailing Address:

43 HARBOR POINT DR.  
CRAWFORDVILLE, FL 32327

## New Mailing Address:

864 E PARK AVE  
TALLAHASSEE, FL 32301

FEI Number: 59-3280762

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ROSS, KINGSLEY R  
43 HARBOR POINT DRIVE  
CRAWFORDVILLE, FL 32327 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PT ( ) Delete  
Name: ROSS, KINGSLEY  
Address: 43 HARBOR POINT DR.  
City-St-Zip: CRAWFORDVILLE, FL

Title: VPS ( ) Delete  
Name: ROSS, IRENE S  
Address: 43 HARBOR POINT DR.  
City-St-Zip: CRAWFORDVILLE, FL 32327

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change ( ) Addition  
Name: ROSS, KINGSLEY R  
Address: 43 HARBOR POINT DR.  
City-St-Zip: CRAWFORDVILLE, FL

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KINGSLEY R ROSS

PT

01/18/2002

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date