

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000097466

1. Entity Name

COGENT SYSTEMS, INC.

FILED

Mar 06, 2000 8:00 am  
Secretary of State

03-06-2000 90043 045 \*\*\*150.00

Principal Place of Business

Mailing Address

10151 UNIVERSITY BLVD  
SUITE 325  
ORLANDO FL 32817

10151 UNIVERSITY BLVD  
SUITE 325  
ORLANDO FL 32817-1904

00000000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

10151 University Blvd.

10151 University Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 366

Suite 366

City & State

City & State

Orlando, FL

Orlando, FL

Zip

Country

Zip

Country

32817

USA

32817

USA

4. FEI Number 59-3359020

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

DAYLE, RANDY A

10151 UNIVERSITY BLVD

Suite 366

ORLANDO FL 32817

Name

DAYLE, RANDY A.

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

10151 University Blvd.

Suite 366

City

Orlando

FL

Zip Code

32817

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 RANDY A. DAYLE, President

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/1/00

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	PT	<input type="checkbox"/> Delete
NAME	DAYLE, RANDY A	
STREET ADDRESS	10151 UNIVERSITY BLVD SUITE 325	
CITY-ST-ZIP	ORLANDO FL 32817	
TITLE	VS	<input type="checkbox"/> Delete
NAME	MCDONOUGH, DEBORAH	
STREET ADDRESS	10151 UNIVERSITY BLVD SUITE 325	
CITY-ST-ZIP	ORLANDO FL 32817	
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	10151 University Blvd., Suite 366
CITY-ST-ZIP	Orlando, FL 32817
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	10151 University Blvd., Suite 366
CITY-ST-ZIP	Orlando, FL 32817
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RANDY A. DAYLE, President

Date

3/1/00

Daytime Phone #

407-679-6377

CR2E034 (9/99)