2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 26, 2000 8:00 am Secretary of State DOCUMENT # **P96000073524** PROCYON SYSTEMS, INC. 01-26-2000 90041 017 ***150.00 Principal Place of Business Mailing Address 2051 PIONEER TRAIL #205 2051 PIONEER TRAIL #205 Mentinga NEW SMYRNA BEACH FL 32168-8082 NEW SMYRNA BEACH FL 32168 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 65-0695689 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required. 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) NIBBE, JOHN H 9009 NW 6TH CT. PLANTATION FL 33324 PLANTATION 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. TOTE TOTAL TOTAL (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. DPST Delete TITLE TITLE DP5 NIBBE, JOHN H NAME NIBBE JOHN HUMY 1651 N.W. 100 TH. WAY PLANTATION, FL. 33322 Change NAME STREET ADDRESS STREET ADDRESS 9009 NW 6TH CT. CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL 33324 ☐ Addition ☐ Delete TITI F NIBBE, HENRY NAME STREET ADDRESS 2051 PIONEER TRAIL #205 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NEW SMYRNA BCH FL ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR