2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE OF SIGNATURE AND TYPED OR DIRECTOR

SIGNATURE: __

DOCUMENT # 997000025804 1. Entity Name STRATEGIC DATA SYSTEMS INC				FILED May 24, 2000 8:00 am Secretary of State			
							Principal Plac
		2000					
	NPORT FL 3383	_					
THERPOIL PE 55031				B0097493			
2. Principal Place of Business		3. Mailing Address					
Suite Apt 4 etc		Suite, Apt. #, etc.		DO NOT WORK IN TH	HE COACE		
Suite, Apt. #, etc.		Suite, Apr. #, etc.		DO NOT WRITE IN THIS SPACE			
City & State		City & State		4. FEI Number \$9-3438419 Applied For Not Applied For			
Zip	Country	Zip	Country		\$8.75 Ac		
				5. Certificate of Status Desired	Fee Requir		
	6. Name and Address of Current F	Registered Agent	Name	7. Name and Address of New Register	ad Agent		
IAN CLAYTON							
102 WHITEHALL ST #2000 Street Address (s (P.O. Box Number is Not Acceptable)			
DAVENPORT							
PZ 33837			City	City FL Zip Code			
8. The above SIGNATURE .	named entity submits this statement for	the purpose of changing its reg	gistered office or regis	stered agent, or both, in the State of Florida.			
	Signature, typed or printed name of registered agent as	nd trile if applicable. (NOTE. Re	igistered Agent signature requ	pired when reinstating) DA	τ		
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW II FEE IS \$150,00 After MAY 1, 2000 Fee will be \$550,00 Make Check Payable to Department of St							
11	OFFICERS AND S	DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTOF	RS IN 11	
TITLE	CLAYTON, IAN M	☐ Delete	TITLE:		Change	Addition 8	
name Street address =	102 WHITCHALL ST		STREET ADDRESS		•	1	
CITY-ST ZIP	DAVENPORT FL 338	3)	CITY-ST-ZIP			<u> </u>	
ITLE	Φ	☐ Delete	TITLE		Change	☐ Addition 2	
NAME Street address	DOSTEN MICHAEL		NAME STREET ADDRESS			{	
CITY-ST ZIP	SIOS CITY ST, #817 ORLANDO FL 328	29	CHTY- ST - 7IP				
PILE -		☐ Delete	TITLE		☐ Change	Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
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STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY ST-ZIP				
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STREET ADDRESS CITY: S1- ZIP			STREET ADDRESS CITY-ST-ZIP				
III F			TITLE		☐ Change	Addition	
NAMΓ		∟ Delete	NAME		— ыкиде	AGGIRDII	
STREE I ADDRESS			STREET ADDRESS				
CHY-S1-ZIP			CITY-ST 7IP				
indicated of the cor	on this report or supplemental report is:	rue and accurate and that my s vered to execute this report as r	signature shall have th	Section 119.07(3)(i), Florida Statutes. I further to same legal effect as if made under oath; tha 607, Florida Statutes; and that my name appea	it I am an officei	r or director	