2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT#

P97000082421

1. Entity Name RAPID SYSTEMS, INC. Apr 07, 2003 8:00 am Secretary of State
04-07-2003 90718 029 ***150.00 **FILED**

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Surie, Apt. # etc. City & State Applied For Not Applied F	Principal Plac 1211 N WESTS TAMPA FL 336	HORE BLVD SUITE 711	Mailing Address 1211 N WESTSHORE BLVD SUITE 711 TAMPA FL 33603								
City & State September 1	2. Principal P	lace of Business	3. Mailing Address) 10041001 130 40111 10011 0611 40111 0611	1 89603 1846		661 1101 1061 	
Zip Country Zip Country	Suite, Apt.	#, etc.	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
Section Sect	City & State	е	City & State			4. F	El Number 59-3473734				
BACHARACH, N. ALBERT JR 1515-B W HILLSBOROUGH AVE TAMPA FL 33603 City FL Zip Code 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 colligations of registered agent. SIGNATORE FUNCTION TO THE Progressed Agent agreement agent and title if applicable. INCITE Registered Agent agreement received when received	Zip	Country	Zip	Count	try	5. C	Certificate of Status Desired [
BACHARACH, N. ALBERT JR 1515-B W HILLSBOROUGH AVE TAMPA FL 33803 City FL Zip Code 6. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Floride. I am familiar with, and accept the obligations of registered agent. SIGNATIVE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. MAKE THE AUGUST IN WESTSHORE BLVD SUITE 711 TIME NAME STREET ADDRESS UJRMAN, DENISE		6. Name and Address of Current	-		7.₋N	lame and Address of New Regis	tered Ag	ent			
1515-B W HILLSBOROUGH AVE TAMPA FL 33603 City FL Zip Code 6. 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 agent average agent agent. SIGNATSTRE SIGNATSTRE SIGNATSTRE SIGNATSTRE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE MAKE SIREFADARIES SITEST ADMRESS UNY-ST-2P TAMPA FL 33624 TITLE VD UNRAWN, DENISE SIREFADARIESS SIREFADARIESS UNY-ST-2P TAMPA FL 33624 TITLE NAME SIREFADARIESS CITY-ST-2P TAMPA FL 33549 TITLE NAME SIREFADARIESS CITY-ST-2P TAMPA FL 33549 TITLE NAME SIREFADARIESS CITY-ST-2P TAMPA FL 33549 TITLE NAME SIREFADARIESS CITY-ST-2P TITLE NAME SIREFADARIESS CITY-ST-2P TITLE NAME SIREFADARIESS CITY-ST-2P TITLE NAME NAME NAME SIREFADARIESS CITY-ST-2P TITLE NAME NAME NAME SIREFADARIESS CITY-ST-2P TITLE NAME SIREFADARIESS CITY-ST-2P TITLE NAME CHARGE Charge Addition Charge Addition Charge Addition Charge Addition Charge Charge Addition Charge Addition Charge Charge Addition Charge Charge Addition Charge Charge Addition Charge Charge	BACHADA	CH N ALBEDT ID 9 a			Name						
TAMPA FL 33603 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Floride. I am familiar with, and accept the obligations of registered agent. Signal-Type Expedies typed or printed name of registered agent and little if applicable. (MOTE Registered Agent agentus required when remotators): Plant NOW!! FEE IS \$150.00				Street Address (P			(P.O. Box Number is Not Acceptable)				
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 tamiliar with, and accept the obligations of registered agent. SIGNATISTIE Signature, typed or printed name all registered agent and tit of applicable. MOTE Registered Agent algorature required when nametating) DATE									······································		
B. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the Siste of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATISTRE Signature, typerd or perced name of registered agent agent agent and site it appointment. Agent algorithms required when recreating.) FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE MAME JURMAN, DUSTIN 121 IN WESTSHORE BLVD SUITE 711 TITLE NAME JURMAN, DENISE 121 IN WESTSHORE BLVD SUITE 711 TITLE NAME STREET ADDRESS CITY-S1-ZIP TAMPA FL 33549 TITLE NAME SIRECT ADDRESS CITY-S1-ZIP TITLE Delete TITLE NAME SIRECT ADDRESS CITY-S1-ZIP TITLE NAME SIRECT ADDRESS CITY-S1-ZIP TITLE Delete TITLE NAME SIRECT ADDRESS CITY-S1-ZIP TITLE NAME NAME SIRECT ADDRESS CITY-S1-ZIP NAME NAME SIRECT ADDRESS CITY-S1-ZIP NAME Change Addition Addition NAME SIRECT ADDRESS CITY-S1-ZIP NAME Change Addition Change Addition Addi	IMMEA EL								7.0		
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12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information	NAME STREET ADDRESS CITY-ST-ZIP			NAME Strei City-	ET ADDRESS ST-ZIP					Addition	

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 accomment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

813 232 4887