2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2001 08:00 AM
Secretary of State

DOCUMENT # **P96000073524**

1. Entity Name
PROCYON SYSTEMS, INC.

Principal Place of Business	Mailing Address
2051 PIONEER TRAIL #205	2051 PIONEER TRAIL #205
NEW SMYRNA BEACH FL	NEW SMYRNA BEACH FL
32168	32168

2. Principal Place of Business	3. Mailing Address
1651 NW 100 WAY	1651 NW 100 WAY
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PLANTATION FL	City & State: PLANTATION FL
Zip: 33322 Country:	Zip: 33322 Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0695689** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

NIBBE JOHN H
1651 N.W. 100TH WAY
PLANTATION FL
33324 US

7. Name and Address of New Registered Agent

Name
NIBBE JOHN H
Street Address (P.O. Box Number is Not Acceptable)
1651 N.W. 100TH WAY
City
PLANTATION **FL** Zip Code 33322

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 ______________________ 04/24/2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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, 2001 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	T	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	NIBBE HENRY		NAME		
STREET ADDRESS	2051 PIONEER TRAIL #205		STREET ADDRESS		
CITY-ST-ZIP	NEW SMYRNA BCH FL		CITY-ST-ZIP		
TITLE	DPS	☐ Delete	TITLE	DPS	☒ Change ☐ Addition
NAME	NIBBE JOHN H		NAME	NIBBE JOHN H	
STREET ADDRESS	1651 N.W. 100TH WAY		STREET ADDRESS	1651 N.W. 100TH WAY	
CITY-ST-ZIP	PLANTATION FL 33324		CITY-ST-ZIP	PLANTATION FL 33322	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (11/00)

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: John H. Nibbe DPS 04/24/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #