

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# K51093

**Entity Name:** MICRO TYPING SYSTEMS, INC.

**Current Principal Place of Business:**

1295 SOUTH WEST, 29TH AVENUE  
POMPANO BEACH, FL 33069

**Current Mailing Address:**

1295 SOUTH WEST, 29TH AVENUE  
POMPANO BEACH, FL 33069 US

**FEI Number:** 65-0173561

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

REGISTERED AGENT SOLUTIONS, INC.  
155 OFFICE PLAZA DRIVE  
SUITE A  
TALLAHASSEE, FL 32301 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title DIRECTOR, CFO, TREASURER  
Name BUSKY, JOSEPH M.  
Address 9975 SUMMERS RIDGE ROAD  
City-State-Zip: SAN DIEGO CA 92121

Title DIRECTOR, ASSISTANT TREASURER  
Name DAVIS, ELISABELLA  
Address 1001 US ROUTE 202  
City-State-Zip: RARITAN NJ 08869

Title DIRECTOR, PRESIDENT  
Name BUJARSKI, ROBERT J.  
Address 9975 SUMMERS RIDGE ROAD  
City-State-Zip: SAN DIEGO CA 92121

Title SECRETARY  
Name ASKIM, PHILLIP S  
Address 9975 SUMMERS RIDGE ROAD  
City-State-Zip: SAN DIEGO CA 92121

Title ASSISTANT TREASURER  
Name HAMANN, DANIELLE  
Address 9975 SUMMERS RIDGE ROAD  
City-State-Zip: SAN DIEGO CA 92121

Title ASST. SECRETARY  
Name HODGES, MICHELLE  
Address 9975 SUMMERS RIDGE ROAD  
City-State-Zip: SAN DIEGO CA 92121

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** PHILLIP S. ASKIM

**SECRETARY**

**05/01/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date