2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: _\textstyle \textstyle \textstyle

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED DOCUMENT # 275705 Mar 27, 2000 8:00 am 1. Entity Name **Secretary of State** GENERAL SYSTEMS, INC. 03-27-2000 90078 024 ***150.00 Principal Place of Business Mailing Address 4028: BIMINE LANE 4628-BIMINI LANE WEST PALM BEACH FLA-93417-5906 WEST-PALM-BEACH FL 33417 PATCEAN? 2. Principal Place of Business 3. Mailing Address 7729 NORTHTREE VA W Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 7729 NORTHREE WAY Applied For City & State City & State 4. FEI Number 59-1101250 LAKE WORTH, FL LAKE WORTH Not Applicable Zip 33467 ^{Zip}33467 Country \$8.75 Additional 5. Certificate of Status Desired USA USA ee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name VASSALOTTI, RICHARD J Street Address (P.O. Box Number is Not Acceptable) 4628 BIMINI LANE T729 NORTHTREE WAY LAKE WORTH FC. WEST-PALM BEACH FL 33402 Zip Code 33467 he purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above no ntity submits this statement for SIGNATURE (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 M (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PD TITLE ☐ Change Addition TITLE □ Delete VASSALOTTI.RICHARD J NAME NAME 4828 BIMINI-LANE 7729 NORTHTREE WIN STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL. LAKE WORTH, FC. 33467 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE VASSALOTTI, CONNIE A 4828 BIMINI LANE 7729 NORTHTREE WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH-FL LAKE WORTH, FL 33467 CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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. 13. I hereby certify that the information