

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 282022

1. Entity Name
SYSTEMS CONSULTANTS, INC.

FILED
Feb 20, 2001 8:00 am
Secretary of State

02-20-2001 90011 030 ***150.00

Principal Place of Business

4815 E BUSH BLVD
SUITE 208F
TAMPA FL 33617
US

Mailing Address

PO BOX 16171
TAMPA FL 33687-9933
US

2. Principal Place of Business

10909 N. 51ST ST

Suite, Apt. #, etc.

3. Mailing Address

10909 N. 51ST ST

Suite, Apt. #, etc.

City & State

TAMPA, FL 33617

City & State

TAMPA FL

Zip

33617

Country

USA

Zip

33617

Country

USA

4. FEI Number

59-1055656

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ELBARE, KATHLEEN
10909 N 51ST ST
TAMPA FL 33617

Name

Street Address (P.O. Box Number is Not Acceptable)

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.

SIGNATURE

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 PT ☐ Delete
NAME EICHHOLZ, GERHARD C.
STREET ADDRESS 10415 N. 46TH STREET
CITY-ST-ZIP TAMPA FL

TITLE PT ☒ Change ☐ Addition
NAME ELBARE, KATHLEEN
STREET ADDRESS 10909 N. 51ST ST
CITY-ST-ZIP TAMPA, FL 33617

TITLE VS ☐ Delete
NAME ELBARE, KATHLEEN
STREET ADDRESS 10909 N 51ST ST
CITY-ST-ZIP TAMPA FL

TITLE VS ☒ Change ☐ Addition
NAME EICHHOLZ, GERHARD, C.
STREET ADDRESS 10909 N. 51ST ST
CITY-ST-ZIP TAMPA, FL 33617

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Gerhard C. Eichholz Gerhard Eichholz 02-15-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)