

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2002 8:00 am
Secretary of State

02-27-2002 90069 003 ***150.00

DOCUMENT # 343525

1. Entity Name

INDUSTRIAL SYSTEMATICS CORPORATION

Principal Place of Business

**4075 N HIGHWAY 19A
MOUNT. DORA FL 32757**

Mailing Address

**4075 N HIGHWAY 19A
MOUNT DORA FL 32757**

2. Principal Place of Business

620 South Bay Street

3. Mailing Address

620 South Bay Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Eustis, FL

City & State
Eustis, FL

4. FEI Number

59-1236395

Applied For

Not Applicable

Zip
32726

Country
USA

Zip
32726

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**REED, FRANCIS S
4075 N HWY 19A
MOUNT DORA FL 32757**

7. Name and Address of New Registered Agent

Name

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

620 South Bay Street

City
Eustis

FL

Zip Code
32726

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, 2002 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD REED, FRANCIS S 4075 N HWY 19A MT. DORA FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD REED, ALLAN 4075 N HWY 19A MT DORA FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BRETT, WILLIAM P. 4075 N HWY 19A MT DORA FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MURRAY, J. CLARK 4075 N HWY 19A MT DORA FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SHEAR, DAVID A 4075 N HWY 19A MT DORA FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 620 South Bay Street Eustis, FL 32726
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 620 South Bay Street Eustis, FL 32726
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 620 South Bay Street Eustis, FL 32726
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 620 South Bay Street Eustis, FL 32726
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

William P. Brett
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/02
Date

(352) 357-5100
Daytime Phone #

CR2E034 (9/01)