

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 615717**

1. Entity Name

SYSTEMATIC CONTROL, INC.**FILED**
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90008 043 ***558.75

Principal Place of Business

**300 NW 70TH AVE #100
PLANTATION FL 33317**

Mailing Address

**300 NW 70TH AVE #100
PLANTATION FL 33317-2360**

2. Principal Place of Business

3. Mailing Address

160 SW 101 AVENUE**160 SW 101 AVENUE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

PLANTATION, FL

City & State

PLANTATION, FL

4. FEI Number

59-1928799

Applied For

Not Applicable

Zip

33324

Country

USA

Zip

33324

Country

USA5. 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

**LYALL, JAMES U
300 N.W. 70TH AVE., STE. 100
PLANTATION FL 33317-2360***** Change of
ADDRESS
ONLY**

Name

JAMES U LYALL

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

160 SW 101 AVE

City

PLANTATION

FL

Zip Code

33324

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

James U Lyall **JAMES U LYALL** **5/15/2000**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, 2000 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	NAME	STREET ADDRESS	CITY-ST-ZIP		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
	PD			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	LYALL, JAMES U	160 S W 101 AVE	PLANTATION, FL 33324						
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

James U Lyall **JAMES U LYALL** **5/15/2000** **954-976-9039**