

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000000013

1. Entity Name

JAVELIN SYSTEMS, INC.

Principal Place of Business

17891 CARTWRIGHT
IRVINE CA 92614

Mailing Address

17891 CARTWRIGHT
IRVINE CA 92614

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

MARSEE, JIM
10640 NW 27 ST.
MIAMI FL 33172

7. Name and Address of New Registered Agent

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 PCD
NAME STACK, RICHARD ☐ Delete
STREET ADDRESS 17891 CARTWRIGHT
CITY-ST-ZIP IRVINE CA

TITLE S
NAME HERTZ, HORACE ☒ Delete
STREET ADDRESS 17891 CARTWRIGHT
CITY-ST-ZIP IRVINE CA

TITLE D
NAME NICHOLS, ROBERT ☒ Delete
STREET ADDRESS 1 CCI PLACE
CITY-ST-ZIP EARTH CITY MO

TITLE D
NAME KEAR, JAY ☐ Delete
STREET ADDRESS 939 SANDCASTLE
CITY-ST-ZIP CORONA DEL MAR CA

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 200003419502--2
CITY-ST-ZIP -10/09/00--01071--022
****750.00 ****750.00

TITLE D
NAME EDWARD BODIES ☒ Addition
STREET ADDRESS 17891 CARTWRIGHT RD
CITY-ST-ZIP DRUMME, CA 92614

TITLE D
NAME ANDREW PUZDER ☒ Addition
STREET ADDRESS 3916 STATE ST. SUITE 300
CITY-ST-ZIP SANTA BARBARA, CA 93105

TITLE S
NAME TIM PEENEY ☒ Addition
STREET ADDRESS 900 CUMMINGS CENTER SUITE 321 T
CITY-ST-ZIP BEVERLY, MA 01915

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

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 IKS empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/26/00

Date

949-440-8000

Daytime Phone #

CR2E034 (5/00)

FILED

00 SEP 28 AM 10:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number 52-1945748

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required