

# 2 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000000013

1. Entity Name

JAVELIN SYSTEMS, INC.

FILED

Feb 19, 2001 8:00 am  
Secretary of State

02-19-2001 90007 029 \*\*\*150.00

Principal Place of Business

Mailing Address

17891 CARTWRIGHT  
IRVINE CA 92614

17891 CARTWRIGHT  
IRVINE CA 92614

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 52-1945748

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MARSEE, JIM  
10640 NW 27 ST.  
MIAMI FL 33172

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 PCD  
NAME STACK, RICHARD  
STREET ADDRESS 17891 CARTWRIGHT  
CITY-ST-ZIP IRVINE CA ☐ Delete

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

TITLE D  
NAME BROOKS, EDMUND  
STREET ADDRESS 17891 CARTWRIGHT  
CITY-ST-ZIP IRVINE CA 92614 ☐ Delete

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

TITLE D  
NAME PUZDER, ANDREW  
STREET ADDRESS 3916 STATE STREET, STE. 300  
CITY-ST-ZIP SANTA BARBARA CA 93105 ☐ Delete

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

TITLE S  
NAME PEENEY, TOM  
STREET ADDRESS 900 CUMMING CENTER, STE. 321T  
CITY-ST-ZIP BEVERLY MA 01915 ☒ Delete

TITLE V P FINANCE  
NAME DON RUTHERFORD  
STREET ADDRESS 17891 CARTWRIGHT RD  
CITY-ST-ZIP IRVINE, CA 92614 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

2-5-01 949-440-8020

CR2E034 (10/00)