

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2001 8:00 am
Secretary of State
 04-10-2001 90002 050 ***150.00

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DOCUMENT # F00000002371

1. Entity Name

EGRET SYSTEMS, INC.

Principal Place of Business

**139 SEAPORT BLVD
 CAPE CANAVERAL FL 32920-5007**

Mailing Address

**139 SEAPORT BLVD
 CAPE CANAVERAL FL 32920-5007**

2. Principal Place of Business

3130 SOUTHERN OAKS DRIVE

Suite, Apt. #, etc.

3. Mailing Address

3130 SOUTHERN OAKS DRIVE

Suite, Apt. #, etc.

City & State

MERRITT ISLAND, FL

City & State

MERRITT ISLAND, FL

Zip

32952

Country

US

Zip

32952

Country

US

4. FEI Number

52-2032430

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**CRABBS, ROBERT F
 139 SEAPORT BLVD
 CAPE CANAVERAL FL 32920-5007**

7. Name and Address of New Registered Agent

Name **(SAME)**

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

3130 SOUTHERN OAKS DRIVE

City **MERRITT ISLAND, FL** Zip Code **32952**

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.

ROBERT F. CRABBS, PRESIDENT

DATE

01/21/01

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

TITLE **PT** ☐ Delete
 NAME **CRABBS, ROBERT F**
 STREET ADDRESS **139 SEAPORT BLVD**
 CITY-ST-ZIP **CAPE CANAVERAL FL 32920-5007**

TITLE **VS** ☐ Delete
 NAME **CRABBS, GINA L**
 STREET ADDRESS **139 SEAPORT BLVD**
 CITY-ST-ZIP **CAPE CANAVERAL FL 32920-5007**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 **3130 SOUTHERN OAKS DRIVE**
 CITY-ST-ZIP **MERRITT ISLAND, FL 32952**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **3130 SOUTHERN OAKS DRIVE**
 CITY-ST-ZIP **MERRITT ISLAND, FL 32952**

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT F. CRABBS, PRESIDENT

Date

Daytime Phone #

01/21/2001 / 321-459-9459

CR2E034 (10/00)