## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachn

SIGNATURE AND TYPED OF PRINTED AME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

## **FILED DOCUMENT # F24883** Apr 13, 2000 8:00 am Secretary of State 1. Entity Name CORNERSTONE SYSTEMS, INC. 04-13-2000 90061 026 \*\*\*150.00 Mailing Address Principal Place of Business 250 EAGLE DRIVE 250 EAGLE DRIVE JUPITER FL 33477-4062 JUPITER FL 33477 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-2086667 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7:- Name and Address of New Registered Agent — 6.-Name and Address of Current Registered Agent Name ZETLER, JAMES Street Address (P.O. Box Number is Not Acceptable) 250 EAGLES DRIVE JUPITER FL 33477 City Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. DP ☐ Addition ☐ Change TITLE ☐ Delete TITLE ZETLER, JAMES NAME NAME 250 EAGLE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JUPITER FL TITLE ☐ Change Addition ☐ Delete TITLE ZETLER, PATRICIA NAME NAME STREET ADDRESS 250 EAGLE DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JUPITER FL ☐ Change ☐ Addition Delete TITLE ZETLER, PATRICIA NAME 250 EAGLE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Jupiter FL Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE □ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 suppremental 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

561-747-1813