

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000000051

1. Entity Name

SYSTEMS INTEGRATION AND IMAGING TECHNOLOGIES INC

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90181 045 ***150.00

Principal Place of Business

Mailing Address

7901 4TH STREET NORTH
 SUITE 210
 ST PETERSBURG FL 33702
 US

7901 4TH STREET NORTH
 SUITE 210
 ST PETERSBURG FL 33702-4300
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3349268

Applied For

Not Applicable

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

BALKAN, THOMAS J
 7901 4TH STREET NORTH
 SUITE 200
 ST. PETERSBURG FL 33702

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, 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 CD ☐ Delete
 NAME WALL, KARL J
 STREET ADDRESS 700 1ST AVENUE SOUTH
 CITY-ST-ZIP TIERRA VERDE FL 33715

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

TITLE TD ☐ Delete
 NAME MCNALLY, JOSEPH W
 STREET ADDRESS 830 PINELLAS BAYWAY SOUTH
 CITY-ST-ZIP TIERRA VERDE FL 33715

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

TITLE PD ☐ Delete
 NAME READ, WAYNE A
 STREET ADDRESS 3732 BRAMBLEWOOD COURT
 CITY-ST-ZIP LAND O LAKES FL 34639

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

TITLE VD ☐ Delete
 NAME REINKING, LINDA L
 STREET ADDRESS 2218 BIRCHBANK TRAIL
 CITY-ST-ZIP CLEARWATER FL 34623

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

TITLE VS ☐ Delete
 NAME BALKAN, THOMAS J
 STREET ADDRESS 7233 DANBURY WAY
 CITY-ST-ZIP CLEARWATER BEACH FL 33764

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

Thomas J. Balkan, Secretary
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-26-00 727-577-3771

CR2E034 (9/99)