

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000002555

1. Entity Name

FLORIDA COMMAND SYSTEMS INC.

Principal Place of Business

Mailing Address

76 BATTERSON PARK RD.
FARMINGTON CT 06032

76 BATTERSON PARK RD.
FARMINGTON CT 06032

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GREENE, GERALD J
1350 E4 MAHAN DRIVE, STE 236
TALLAHASSEE FL 32308

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	<input type="checkbox"/> Delete
NAME	CAPUTO, EDWARD G	
STREET ADDRESS	22 COBTAIL WAY	
CITY-ST-ZIP	SIMMSBURY CT	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WILCOX, STEPHEN	
STREET ADDRESS	329 TALL TIMBERS RD.	
CITY-ST-ZIP	GLASTONBURY CT	
TITLE	AS	<input type="checkbox"/> Delete
NAME	KING, GLENN M	
STREET ADDRESS	135 COUNTRYSIDE DRIVE	
CITY-ST-ZIP	ROCKY HILL CT	
TITLE	T	<input type="checkbox"/> Delete
NAME	AROH, CHRISTOPHER G	
STREET ADDRESS	303 THREE MILE ROAD	
CITY-ST-ZIP	GLASTONBURY CT 06033	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARNDON, JOHN J	
STREET ADDRESS	12 MIDDLE LANE	
CITY-ST-ZIP	SIMSBURY CT 06070	
TITLE	D	<input type="checkbox"/> Delete
NAME	OATES, JAMES M	
STREET ADDRESS	83 LAKESHORE RD	
CITY-ST-ZIP	ELKINS NH	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SARGENT, JOSEPH D.	
STREET ADDRESS	25 COLONY RD.	
CITY-ST-ZIP	WEST HARTFORD, CT 06117	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CRAWFORD, JACK	
STREET ADDRESS	300 EAST BEACH RD.	
CITY-ST-ZIP	CHARLESTOWN, RI 02813	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KETTERER, TED	
STREET ADDRESS	10 LOCKE RD.	
CITY-ST-ZIP	WABAN, MA 02468-1416	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

Date

Daytime Phone #

FILED
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90071 050 ***150.00

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DO NOT WRITE IN THIS SPACE

4. FEI Number **06-1136009** ☐ Applied For
152,7672 ☐ Not Applicable

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

CR2E034 (10/00)