

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 09, 2002 8:00 am
Secretary of State

09-09-2002 90023 033 ***550.00

DOCUMENT # F99000006540

1. Entity Name
DA VINCI SYSTEMS, INC.

Principal Place of Business
5410 N.W. 33RD AVENUE, SUITE 100
FT. LAUDERDALE FL 33309

Mailing Address
5410 N.W. 33RD AVENUE, SUITE 100
FT. LAUDERDALE FL 33309

2. Principal Place of Business
4397 NW 124TH AVE.
 Suite, Apt. #, etc.

3. Mailing Address
4397 NW 124TH AVE.
 Suite, Apt. #, etc.

City & State
CORAL SPRINGS, FL

City & State
CORAL SPRINGS, FL

4. FEI Number **65-0225649**

Applied For
 Not Applicable

Zip Country
33065 USA

Zip Country
33065 USA

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	P ARBUTHNOT, MICHAEL 5410 N.W. 33RD AVENUE, SUITE 100 FT. LAUDERDALE FL 33309	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SILVA, ROBERT 5410 N.W. 33RD AVENUE, SUITE 100 FT. LAUDERDALE FL 33309	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD KLINE, ALLAN M 3 NEW ENGLAND EXECUTIVE PARK BURLINGTON MA 01803	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TREMALLO, MARK V.B. 3 NEW ENGLAND EXECUTIVE PARK BURLINGTON MA 01803	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOODBURY, ROBERT W 3 NEW ENGLAND EXECUTIVE PARK BURLINGTON MA 01803	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT ARBUTHNOT, MICHAEL 4397 NW 124TH AVE. CORAL SPRINGS, FL 33065	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT SILVA, ROBERT 4397 NW 124TH AVE. CORAL SPRING, FL 33065	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP • TREASURER JOHN D. RATLIFF 20410 OBSERVATION DRIVE GERMANTOWN, MD 20876	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY RICHARD H. GOSHORN 20410 OBSERVATION DRIVE GERMANTOWN, MD 20876	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR WOODBURY, ROBERT W. 110 TURNPIKE ROAD, SUITE 201 WESTBOROUGH, MA 01581	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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**

Aug 5/02

Date Daytime Phone #

CR2E034 (4/02)