

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**


**FILED**  
**Jan 21, 2003 8:00 am**  
**Secretary of State**

01-21-2003 90049 015 \*\*\*150.00

**00000100**



☐ CHECK HERE IF MAKING CHANGES

<b>DOCUMENT #</b> F99000006540	
<b>1. Entity Name</b> DA VINCI SYSTEMS, INC.	

<b>Principal Place of Business</b> 4397 NW 124TH AVE CORAL SPRINGS FL 33065	<b>Mailing Address</b> 4397 NW 124TH AVE CORAL SPRINGS FL 33065
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

<b>4. FEI Number</b> 65-0225649	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>
G T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324

<b>7. Name and Address of New Registered Agent</b>
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** \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> ARBUTHNOT, MICHAEL 4397 NW 124TH AVE CORAL SPRINGS FL 33065 <input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> SILVA, ROBERT 4397 NW 124TH AVE CORAL SPRINGS FL 33065 <input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>VPT</b> RATLIFF, JOHN D 20410 OBSERVATION DRIVE GERMANTOWN MD 20876 <input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> GOSHORN, RICHARD H 20410 OBSERVATION DRIVE GERMANTOWN MD 20876 <input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> WOODBURY, ROBERT W 110 TURNPIKE ROAD SUITE 201 WESTBOROUGH MA 01581 <input checked="" type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**12.** 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**  **1/13/03** **954-688-5600**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)