

2001 UNIFORM BUSINESS REPORT (UBR)

2001 AMENDED UBR

DOCUMENT #

1. Entity Name

G28280

SOPHISTICATED SYSTEMS, INC.

FILED

01 JUL 11 PM 2:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

3785 U.S. Alt. 19 N.
Tarpon Springs, FL 34683

3785 U.S. Alt. 19 N.
Tarpon Springs, FL 34683

2. Principal Place of Business

241 Douglas Rd. E.
Suite 4-5

3. Mailing Address

241 Douglas Rd. E.
Suite 4-5

City & State

Oldsmar, FL

City & State

Oldsmar, FL

Zip
34677

Country
USA

Zip
34677

Country
USA

4. FEI Number
59-2270804

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Keller, R. Davidson
3785 U.S. Alt. 19 N.
Palm Harbor, FL 34683

7. Name and Address of New Registered Agent

Name
MacDonald, Bettina
Street Address (P.O. Box Number is Not Acceptable)
241 Douglas Rd. E., Ste 4-5
City
Oldsmar, FL Zip Code
34677

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

Bettina MacDonald General Manager Bettina MacDonald 7/3/01

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

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 Keller, R. Davidson, Jr. 1870 Oak Creek Dr. Dunedin, FL	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Thomas, Fredrich A. 730 El Dorado Clearwater Bch, FL	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Galbraith, Kevin 15 Horssshoe Lane Paoli, PA	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P D THOMAS, Fred A. 14480 62nd Street N. Clearwater, FL 33760	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V THOMAS, John C. 14480 62nd Street N. Clearwater, FL 33760	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCLEAD, Karen S. 14480 62nd Street N. Clearwater, FL 33760	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T EISCH, James P. 14480 62nd Street N. Clearwater, FL 33760	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	000004454040 -07/24/01--01089--002 *****61.25 *****61.25	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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 changes empowered.

SIGNATURE:

John C. Thomas

7/3/01

(727) 531-8913

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2034 (11/00)