

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 12, 2000 08:00 AM**
Secretary of State**DOCUMENT # H24987****1. Entity Name**
MEDICT SYSTEMS, INC.**Principal Place of Business**

3630 BONAVENTURE CT.

SARASOTA
34243

FL

US

Mailing Address

P.O. BOX 338

SARASOTA
34230

FL

2. Principal Place of Business

5445 MARINER STREET

Suite, Apt. #, etc.
SUITE 314City & State
TAMPA FLZip
33609Country
US**3. Mailing Address**

5445 MARINER STREET

Suite, Apt. #, etc.
SUITE 314City & State
TAMPA FLZip
33609Country
US**4. FEI Number****59-2455594**

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 AgentUCC FILING & SEARCH SERVICES, INC.
526 E. PARK AVENUETALLAHASSEE
32301

US

FL

7. Name and Address of New Registered Agent**Name**

MORAN MARILYN E

Street Address (P.O. Box Number is Not Acceptable)

2585 DUAR TERRACE

City
NORTH PORT

FL

Zip Code
34286**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 MARILYN E. MORAN**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

04/12/2000

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**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE	VS			<input type="checkbox"/> Delete
NAME	HUTTON GAIL P			
STREET ADDRESS	3630 BONAVENTURE CT.			
CITY-ST-ZIP	SARASOTA FL 34243			

TITLE	P			<input type="checkbox"/> Delete
NAME	HUTTON C. THOMAS			
STREET ADDRESS	3630 BONAVENTURE CT.			
CITY-ST-ZIP	SARASOTA FL 34243			

TITLE				<input type="checkbox"/> Delete
NAME				
STREET ADDRESS				
CITY-ST-ZIP				

TITLE				<input type="checkbox"/> Delete
NAME				
STREET ADDRESS				
CITY-ST-ZIP				

TITLE				<input type="checkbox"/> Delete
NAME				
STREET ADDRESS				
CITY-ST-ZIP				

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
V	MORAN MARILYN E	2585 DUAR TERRACE	NORTH PORT FL 34286		

TITLE	D/S			<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HUTTON GAIL P				
STREET ADDRESS	699 FRIENDS LAKE ROAD				
CITY-ST-ZIP	CHESTERTOWN NY 12817				

TITLE	C/P			<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HUTTON C. THOMAS				
STREET ADDRESS	699 FRIENDS LAKE ROAD				
CITY-ST-ZIP	CHESTERTOWN NY 12817				

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					

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: C. THOMAS HUTTON****C/P: 04/12/2000**