

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H43043

1. Entity Name
SYSTEMS 2000, INC.

FILED
Mar 01, 2001 8:00 am
Secretary of State

03-01-2001 91323 002 ***150.00

Principal Place of Business

7 W. MAIN STREET
SUITE 1400
APOPKA FL 32703
US

Mailing Address

7 W. MAIN STREET
SUITE 1400
APOPKA FL 32703
US

722400



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

620 Douglas Avenue

3. Mailing Address

620 Douglas Avenue

Suite, Apt. #, etc.

#1312

Suite, Apt. #, etc.

#1312

City & State
ALTAMonte Springs FL

City & State
ALTAMonte Springs FL

Zip
32714

Country
Seminole

Zip
32714

Country
Seminole

4. FEI Number 59-2537949

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCONNELLY, CARL A.
7 W. MAIN STREET
SUITE 1400
APOPKA FL 32703

Name

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

620 Douglas Avenue

#1312

City ALTAMonte Springs FL Zip Code 32714

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)

2/23/01

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	P	<input type="checkbox"/> Delete
NAME	SCONNELLY, CARL A.	
STREET ADDRESS	7 W. MAIN STREET, SUITE 1400	
CITY-ST-ZIP	APOPKA FL	
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
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	620 Douglas Ave #1312
CITY-ST-ZIP	ALTAMonte Springs FL 32714
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	
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

2/23/01

Date

407.358.2000

Daytime Phone #

CR2E034 (10/00)