2000 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # J12387** Apr 23, 2000 8:00 am Secretary of State 1. Entity Name SYSTEM CONSULTANTS OF BREVARD, INC. 04-23-2000 90057 002 ***150.00 Principal Place of Business Mailing Address 685 CANAL CT 685 CANAL CE SATELLITE BEACH FL 32937-3942 SATELLITE BEACH FL 32937 838178 2. Principal Place of Business 3. Mailing Address 132 NICKLAUS DRIVE 132 WICKLAUS ORIVE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2668396 Not Applicable MFLOORN MEUBOURNE \$8.75 Additional Zip 5. Certificate of Status Desired 329 40 32940 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SANDERS, ROBERT J Street Address (P.O. Box Number is Not Acceptable) 685 CANAL CT 32 NICKLANS DRIVE SATELLITE BEACH FL 32937 Zip Code 32940 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Delete TITLE TITLE SANDERS, MARIE F. NAME NAME 732 MICKLAUS DRIVE 685 CANAL CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SATELLITE BEACH FL MEUBOURNE, FL 32940 CITY-ST-ZIP ☐ Addition ☐ Delete Change TITLE TITLE SANDERS, ROBERT J. NAME NAME 732 MOKIAUS ORTUE 685 CANAL CT STREET ADDRESS STREET ADDRESS MECBOURIE, FL 32940 SATELLITE BEACH FL CITY-ST-71P CITY-ST-ZIP - - - Change-☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

SIGNATURE AND TYPED OR REIN/FED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

2/15/00

407-247-077

Change

☐ Addition

Daytime Phone #

CR2E034 (9/9)