

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J54797

1. Entity Name

SYSTEMS IN MANAGEMENT COMPANY, INC.

FILED

00 SEP 13 AM 9:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

9001 ANY OLD WAY
TALLAHASSEE FL 32308
US

Mailing Address

3111-21 MAHAN DRIVE
#156
TALLAHASSEE FL 32308
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2768533

Applied For

Not Applicable

Zip

Country

Zip

Country

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

LEVINE, MARK S.
245 EAST VIRGINIA STREET
TALLAHASSEE FL 32301

Name Martin Hayes

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

322 Mc Daniels Street

City Tallahassee

FL

Zip Code 32301

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 M. Hayes Martin Hayes

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

(NOTE: Registered Agent signature required when reinstating)

9/11/2000

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 PS/D
NAME ELLINOR, ANDREA S.
STREET ADDRESS 9001 ANY OLD WAY
CITY-ST-ZIP TALLAHASSEE FL ☐ Delete

TITLE V
NAME KENNDY SUSAN
STREET ADDRESS 2193 PINELAND DRIVE
CITY-ST-ZIP TALLAHASSEE FL ☐ Delete

TITLE DT
NAME SIMKO, SUSIE B.
STREET ADDRESS 1015 BONITA DR.
CITY-ST-ZIP ALTAMONTE SPRING FL ☐ Delete

TITLE T
NAME CICATELLO, CHRISTINE
STREET ADDRESS PO BOX 12636
CITY-ST-ZIP TALLAHASSEE FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME 300003337663-7
STREET ADDRESS -09/13/00--01028--006
CITY-ST-ZIP ****\$50.00 ****\$50.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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 other like empowered.

SIGNATURE:

Andrea S. Ellinor Andrea Ellinor

9/11/2000

894-0184

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)