FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State
05-24-2002 91338 021 ***150.00

DOCUMENT # J54797

1. Entity Name

SYSTEMS IN MANAGEMENT COMPANY, INC.

668830

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
508 Capital Cir SE	3111-20 Mahan Drive
Suite, Apt. #, etc.: B6	Suite, Apt. #, etc.: 156
City & State: Tallahassee, FL	City & State: Tallahassee, FL
Zip: 32308 Country: USA	Zip: 32308 Country: USA

4. FEI Number: 59-2768533 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Martin Hayes

Street Address (P.O. Box Number is Not Acceptable): 322 McDaniels 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: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	PSD
NAME	Ellinor, Andrea S.
STREET ADDRESS	9001 Angold Way
CITY-ST-ZIP	Tallahassee, FL 32308
TITLE	V
NAME	Kennedy, Susan Delete
STREET ADDRESS	2193 Pineland Dr.
CITY-ST-ZIP	Tallahassee, FL 32310
TITLE	V
NAME	Ciccatello, Chris Add
STREET ADDRESS	PO Box 12636
CITY-ST-ZIP	Tallahassee, FL 32317
TITLE	T
NAME	Simkoy, Susie B.
STREET ADDRESS	1015 Bonita Drive
CITY-ST-ZIP	Altamonte Springs, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 5/2/02 850-893-1123
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #