2000 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 01, 2000 8:00 am Secretary of State **DOCUMENT # J93181** 1. Entity Name SYSTEMS SECRET, INC. 02-01-2000 90006 050 ***150.00 Principal Place of Business Mailing Address C/O ROBERT D. MCINTYRE 1720 STARKEY RD 8687 MAIDSTONE COURT LARGO FL 33771-3120 1001001 LARGO FL 33777 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3097162 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent. 7. Name and Address of New Registered Agent Name MCINTYRE, ROBERT D. Street Address (P.O. Box Number is Not Acceptable) BARDMOOR COUNTRY CLUB 8687 MAIDSTONE COURT **LARGO FL 33777** Zip Code 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 DATE Signature, typed or printed name of registered agent and title if applicable. (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 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME MCINTYRE, ROBERT D. NAME STREET ADDRESS STREET ADDRESS 8687 MAIDSTONE COURT CITY-ST-ZIP CITY-ST-ZIP LARGO FL 33777 Change Addition DVP ☐ Delete TITLE TITLE MILLER, PHYLLIS NAME STREET ADDRESS STREET ADDRESS 907 LEONA DR. CITY-ST-ZIP **LARGO FL 33770** CITY-ST-ZIP Delete TITLE __ __ 🗔 Addition TITLE_ FRIZZELL, JOANNE NAME NAME STREET ADDRESS STREET ADDRESS 8687 MAIDSTONE COURT CITY-ST-ZIP **LARGO FL 33777** CITY-ST-ZIP Delete TITLE Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP 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 DIREC