2001	UNIFORM BUSI	NESS REPO	RT ((UBR	k) .	FILI	E D			
DOCUMENT # J93181 1. Entity Name SYSTEMS SECRET, INC.				Jan 05, 2001 08:00 AM Secretary of State					<i>:</i> .	
Principal Place of Business C/O ROBERT D. MCINTYRE 8687 MAIDSTONE COURT LARGO FL 33777 US		Mailing Address 1720 STARKEY RD LARGO 33771 US		FL						
2. Principal P	lace of Business	3. Mailing Address	<u>.</u>							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State	Э	City & State				FEI Number 9-3097162			plied For	Ì
Zip	Country	Zip	Count	ry	- 1	Certificate of Status Desire		8.75 Add		-
	6. Name and Address of Current	Registered Agent		·	7.	Name and Address of Nev				_
MCINTYRE, ROBERT D.				Name						
BARDMOOR COUNTRY CLUB 8687 MAIDSTONE COURT				Street Ad-	dress (P.O.	Box Number is Not Accepte	ible)			
LARGO	F	L								
33777	US			City			FL	Zip Code	9	
SIGNATURE .	named entity submits this statement for stat	and title if applicable. (NOTE:	Registered	Agent signature	e required when		Florida. - 01/05/	2001	<u> </u>	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! After MAY 1, 2001 Make Check Payable			1 Fee v	vill be \$55	of State	10. Election Campaign Trust Fund Contribu	ution. \Box	Added	May Be to Fees	
11.	OFFICERS AND	DIRECTORS Delete	12.		D A	DDITIONS/CHANGES TO C]_
NAME STREET ADDRESS CITY-ST-ZIP	FRIZZELL JOANNE 8687 MAIDSTONE COURT LARGO	FL 33777	NAME STREE	T ADDRESS ST-ZIP	MCINTYR	E JOANNE OSTONE COURT	_	X Change 33777	☐ Addition	034 (11/00)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP MILLER PHYLLIS 907 LEONA DR. LARGO	Delete ,		tt address St-Zip				☐ Change	Addition	CR2EO
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MCINTYRE, ROBERT D. 8687 MAIDSTONE COURT LARGO	☐ Delete FL 33777		IT ADDRESS ST-ZIP				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		T ADDRESS ST-ZIP				Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		T ADDRESS ST-ZIP	<u></u>			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	CITY-	T ADDRESS ST-ZIP	-			☐ Change	Addition	
	ertify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empo or on an attachment with an address, v		the exent signature srequire	nption state ure shall ha ed by Chap	d in Section ve the same ter 607, Flo	n 119.07(3)(i), Florida Statute e legal effect as if made und rida Statutes; and that my n	es. I further certi er oath; that I ar ame appears in	fy that the in m an officer Block 11 or	nformation or director Block 12 if	
SIGNAT		RE	R DIRECTO	OR .		DP 01/05/2001 Date		ytime Phone #	<u> </u>	
						Date	Ua	yutte mone #		1