

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

May 01, 2000 08:00 AM
Secretary of State

DOCUMENT # **K51421**

1. Entity Name
EBIT SYSTEMS, INC.

Principal Place of Business	Mailing Address
1937 E. ATLANTIC BLVD STE 1 POMPANO BEACH 33060 US	1937 E. ATLANTIC BLVD STE 1 POMPANO BEACH 33060 US

2. Principal Place of Business	3. Mailing Address
111 SOUTH FEDERAL HIGHWAY	111 SOUTH FEDERAL HIGHWAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State	City & State
POMPANO BEACH FL	POMPANO BEACH FL

4. FEI Number	Applied For
65-0103418	Not Applicable

Zip	Country	Zip	Country
33062	US	33062	US

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

HORSNELL, CHRISTOPHER O.
1070 NE 27TH AVE

POMPANO BCH
33062
FL

Name
HORSNELL, CHRISTOPHER O.
Street Address (P.O. Box Number is Not Acceptable)
1070 NE 27TH AVE

City
POMPANO BCH
FL
Zip Code
33062

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 **05/01/2000**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PS	HORSNELL, CHISTOPHER O.	1070 NE 27TH AVE.	POMPANO BCH.	FL

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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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: CHORSNELL

PS 05/01/2000