

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K70900

1. Entity Name

BILL AULT SYSTEMS, INC.

**FILED**  
**May 09, 2000 8:00 am**  
**Secretary of State**

05-09-2000 90098 034 \*\*\*150.00

Principal Place of Business

2822 FORSYTHA RD.  
108  
WINTER PARK FL 32792

Mailing Address

2822 FORSYTHA RD.  
108  
WINTER PARK FL 32792-6684

2. Principal Place of Business

Bill Ault Systems, Inc.  
Suite, Apt. #, etc.

3. Mailing Address

2822 Forsyth Rd  
Suite, Apt. #, etc.

City & State

Zip

Country

City & State

Zip

Country

Suite 102  
Winter Park, FL  
32792

4. FEI Number

59-2936682

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

AULT, WILLIAM J.  
1300 FERN FOREST RUN  
OVIEDO FL 32765

7. Name and Address of New Registered Agent

Name

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

City

FL

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

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) ☐

**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

TITLE VP ☐ Delete

NAME AULT, JOSEPH  
STREET ADDRESS 1300 FERN FOREST RUN  
CITY-ST-ZIP OVIEDO FL 32765

TITLE DST ☐ Delete

NAME AULT, BIDDIE  
STREET ADDRESS 1300 FERN FOREST RUN  
CITY-ST-ZIP OVIEDO FL 32765

TITLE P ☐ Delete

NAME AULT, WILLIAM J  
STREET ADDRESS 1300 FERN FOREST RUN  
CITY-ST-ZIP OVIEDO FL 32765

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
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 my address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-00

Date

(407) 657-0012

Daytime Phone #

CR2FR34 (1/99)