

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90152 009 ***150.00

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DOCUMENT # K70900

1. Entity Name
BILL AULT SYSTEMS, INC.



Principal Place of Business
BILL AULT SYSTEMS, INC.
2822 FORSYTHA RD. STE 108
WINTER PARK FL 32792

Mailing Address
2822 FORSYTHA RD.
STE 102
WINTER PARK FL 32792

2. Principal Place of Business

3. Mailing Address

472 South Econ Circle **472 South Econ Circle**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

100

100

City & State

City & State

Oviedo, FL

Oviedo, FL

Zip

Country

Zip

Country

32765

US

32765

US

☐ CHECK HERE IF MAKING CHANGES

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

7. Name and Address of New Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP	<input type="checkbox"/> Delete
NAME	AULT, JOSEPH	
STREET ADDRESS	1300 FERN FOREST RUN	
CITY-ST-ZIP	OVIDO FL 32765	
TITLE	DST	<input type="checkbox"/> Delete
NAME	AULT, BIDDIE	
STREET ADDRESS	1300 FERN FOREST RUN	
CITY-ST-ZIP	OVIDO FL 32765	
TITLE	P	<input type="checkbox"/> Delete
NAME	AULT, WILLIAM J	
STREET ADDRESS	1300 FERN FOREST RUN	
CITY-ST-ZIP	OVIDO FL 32765	
TITLE	M	<input type="checkbox"/> Delete
NAME	AULT, JAY	
STREET ADDRESS	1106 MARTIN BLVD	
CITY-ST-ZIP	ORLANDO FL 32825	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

Ault Jay
4125 Pebble Brook
ORLANDO FL 32820

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

1-20-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)