

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # L28468**1. Entity Name
CHOICE SYSTEMS, INC.**FILED****Apr 20, 2001 8:00 am**
Secretary of State

04-20-2001 90013 027 ***150.00

Principal Place of Business

**6734 PIN CHERRY LN
PORT RICHEY FL 34668
US**

Mailing Address

**6734 PIN CHERRY LN
PORT RICHEY FL 34668
US**

2. Principal Place of Business

7344 ANDALUSIA AVE

Suite, Apt. #, etc.

3. Mailing Address

7344 ANDALUSIA AVE

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

NEWPORT RICHEY FL

City & State

NEWPORT RICHEY FL

Zip

34653

Country

PASCO

Zip

34653

Country

PASCO

4. FEI Number

59-2978899

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

**VENTRICE, FRANK G
6734 PIN CHERRY LN
PORT RICHEY FL 34668**

Name

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

7344 ANDALUSIA AVE

City

NEWPORT RICHEY FL

Zip Code

34653

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, 2001 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 **PM** ☐ Delete
NAME **VENTRICE, FRANK G**
STREET ADDRESS **6734 PIN CHERRY LN**
CITY-ST-ZIP **PORT RICHEY FL**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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 an address, with a power like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FRANK G. VENTRICE 4/10/01**849-5647**

CR2E034 (10/00)