## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Apr 17, 2001 8:00 am Secretary of State **DOCUMENT # L29614** SYSTECH DESIGNS, INC. 04-17-2001 90181 023 \*\*\*150.00 Principal Place of Business Mailing Address 2755 N BANANA RUN DR 200 ALAMEDA DR STE C MERRITT ISLAND FL 32952 MERRITT ISLAND FL 32952 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2979412 Not Applicable Zip Country Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WITCHER, JOHN C. Street Address (P.O. Box Number is Not Acceptable) 200 ALAMEDA DRIVE MERRITT ISLAND FL FL 32952 City Zin 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **PSD** Delete TITLE ☐ Change Addition NAME WITCHER, JOHN C. NAME STREET ADDRESS STREET ADDRESS 200 ALAMEDA DR. CITY-ST-ZIP CITY-ST-ZIP MERRITT ISLAND FL ☐ Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied w In this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 lowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE:

indicated on this report or supplemental rep of the corporation or the receiver or trustee changed, or on an attachment with