

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L72061

1. Entity Name

SYSTEMS CONCEPTS AND DESIGN, INC.

FILED
Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90034 047 ***158.75

Principal Place of Business

Mailing Address

~~C/O BRUCE A. MITCHELL ESQUIRE~~
1825 SOUTH RIVERVIEW DRIVE
MELBOURNE FL 32901
US

~~C/O BRUCE A. MITCHELL ESQUIRE~~
1825 SOUTH RIVERVIEW DRIVE
MELBOURNE FL 32901-4711
US

00012554



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

~~5160 RED BAY LANE~~
Suite, Apt. #, etc.

~~PO BOX 061976~~
Suite, Apt. #, etc.

City & State

City & State

~~GRANT, FL~~

~~PALM BAY, FL~~

4. FEI Number 59-3014614

Applied For

Not Applicable

Zip

Country

Zip

Country

32949

US

32906-1976

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

KOSTRO, VICTOR S
1825 S RIVERVIEW DR
MELBOURNE FL 32901

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 **P** ☐ Delete
NAME **CAMPIONE, BENEDICT J.**
STREET ADDRESS **5160 RED BAY LANE**
CITY-ST-ZIP **GRANT FL**

TITLE **T** ☐ Delete
NAME **CAMPIONE, KATHLEEN A**
STREET ADDRESS **5160 RED BAY LN**
CITY-ST-ZIP **GRANT FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 ☐ Add

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Add

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 an address, with all other like empowered.

SIGNATURE:

BEN CAMPIONE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/00

Date

Daytime Phone #