2000 UNIFORM BUSINESS REPORT (UBR) FILED **DOCUMENT # L84815** May 01, 2000 8:00 am Secretary of State 1. Entity Name V SYSTEMS, INC. 05-01-2000 90008 021 ***150.00 Mailing Address Principal Place of Business 1227 S PATRICK DR 1227 S PATRICK DR **STE 112** STE #112 SATELLITE BCH FL 32937-3969 SATELLITE BEACH FL 32937 US 2. Principal Place of Business 3. Mailing Address (200 (070 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State 4. FEI Number 65-0218193 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired. Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent = VILARDEBO, KENNETH M Street Addr 607 BARCELONA CT. SATELLITE BEACH FL 32937 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PC Change ☐ Addition TITLE TITLE ☐ Delete VILARDEBO, KENNETH M NAME NAME 435 Sherwood Aue. 607 BARCELONA CT. STREET ADDRESS STREET ADDRESS Satellite Beach, PL, 32937 CITY-ST-ZIP SATELLITE BEACH FL 32937 CITY-ST-ZIP Addition Delete TITLE TITLE VILARDEBO, ANGELINA NAME 100 Riverside Dr., #704 STREET ADDRESS **606 BARCELONA COURT** STREET ADDRESS CITY-ST-ZIP SATELLITE BEACH FL 32937 CITY-ST-7IP -VTSD-Defete TITLE TITLE VILARDEBO, KIMBERLEY NAME NAME 435 Sherwood Ave. 607 BARCELONA COURT STREET ADDRESS STREET ADDRESS SATELLITE BEACH FL 32937 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

TITLE
NAME
STREET ADDRESS

TITLE

name Street address

CITY-ST-ZIP

CITY-ST-ZIP

☐ Delete

☐ Delete

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DISCOUNTED NAME OF SIGNING OFFICER OR DIRECTOR

Change

☐ Change

☐ Addition

☐ Addition