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Apr 14, 2003 8:00 am
Secretary of State
04-14-2003 90726 007 ***150.00

2003 FOR PROFIT CORPORATION/ UNIFORM BUSINESS REPORT (UBR)

70039494

DOCUMENT # L92608

1. Entity Name
SYS-JAX INC.

Principal Place of Business	Mailing Address
1055 GOLFAIR BOULEVARD JACKSONVILLE, FL 32209	1055 GOLFAIR BOULEVARD JACKSONVILLE, FL 32209

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3016278 ☐ 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
ROBERSON, CHERYL A 1301 RIVER PLACE BLVD. JACKSONVILLE, FL 32207	Name Harbir Grover Street Address (P.O. Box Number is Not Acceptable) 1055 Golfair Blvd City Jacksonville FL Zip Code 32209

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 ______________________ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PD	☐ Delete	TITLE	Harbir Grover	☐ Change ☑ Addition
NAME	GROVER, GARY		NAME		
STREET ADDRESS	10951 MARTINGALE COURT		STREET ADDRESS	1055 GolfAIR Blvd	
CITY-ST-ZIP	POTOMAC, MD 20854		CITY-ST-ZIP	Jacksonville, Florida 32209	
TITLE	STD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	GROVER, RITA		NAME		
STREET ADDRESS	10951 MARTINGALE COURT		STREET ADDRESS		
CITY-ST-ZIP	POTOMAC, MD 20854		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			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (10/02)

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: X ______________________ 4/7/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #