2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY -3 AM 10:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000147Z9 AF

DOCUMENT # L98000000202

1. Entity Name
CEREBSYS, L.C.

Principal Place of Business	Mailing Address
P.O. BOX 8295 PORT ST LUCIE FL 34985	P.O. BOX 8295 PORT ST LUCIE FL 34985-8295

DO NOT WRITE IN THIS SPACE

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

4. FEI Number 52-2082670 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

GERDES, MATTHEW
1616 S.W. PLEASANT LANE
PORT ST LUCIE FL 34984

Address change Only (see below)

7. Name and Address of New Registered Agent

Name Gerdes, Matthew
Street Address (P.O. Box Number is Not Acceptable) 2317 SW Norton St.
City Port St. Lucie FL Zip Code 34953-2261

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 Matthew C. Gerdes DATE 4/26/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR GERDES, BRENDA 2800 N.E. ISLAND COVE WAY, E2102 STUART FL 34996 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 800003269508--4 -05/30/00--01005--017 *****50.00 *****50.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR GERDES, CLARENCE 2800 N.E. ISLAND COVE WAY, E2102 STUART FL 34996 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR GERDES, MATTHEW 1616 S.W. PLEASANT LANE PORT ST LUCIE FL 34984 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR Gerdes, Matthew 2317 SW ~~Pleasant~~ Norton St. Port St. Lucie FL 34953-2261 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (9/99)

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ~~Matthew C. Gerdes~~ RECEIVED Matthew C. Gerdes 4/26/00 561-343-7140
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #