

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90009 042 ****61.25

DOCUMENT # N93000004137

1. Entity Name

APPLIED SYSTEMS CLIENT NETWORK, INC.

Principal Place of Business

Mailing Address

801 DOUGLAS AVE
SUITE 205
ALTAMONTE FL 32714

801 DOUGLAS AVE
SUITE 205
ALTAMONTE FL 32714-5206

80041100



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3206816

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SCHAFFER, MITCHELL P
200 E. ROBINSON ST., STE 700
ORLANDO FL 32801

Address
Change
only

Name
Schaffer Mitchell + Sheridan, P.A.
Street Address (P.O. Box Number is Not Acceptable)
800 S Orlando Ave
Suite 100
City
Maitland
FL
Zip Code
32751

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PPD GOODMAN, DEANNA 3400 BRADSHAW ST., A4A SACRAMENTO CA	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TAYLOR, TOM JR 3401 S. 19TH ST TACOMA WA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MIDDLETON, RODGER K 103-276 BEDFORD HWY. HALIFAX NO	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SYROID, DONNA 333 S. MAIN ST AKRON OH	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED CULBERSON, GILDA M 801 DOUGLAS AVE., #205 ALTAMONTE FL 32714	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Treasurer - Director Peter T Anderson 933 Webster St Marshfield MA 02050-3481	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President - Director Taylor, Tom Jr 3401 S. 19th St TACOMA WA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Past President - Director Middleton, Rodger K 103-276 Bedford Hwy Halifax NS Canada	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President - Director Dana Nulty - Beals The Nulty Agency PO Box 19218 Kalamazoo MI 49019-0218	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 617, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/2000 407-869-0404

Date

Daytime Phone #

CR2E037 (9/99)