

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000004137

1. Entity Name

APPLIED SYSTEMS CLIENT NETWORK, INC.

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90154 020 ****61.25

Principal Place of Business

801 DOUGLAS AVE
SUITE 205
ALTAMONTE FL 32714

Mailing Address

801 DOUGLAS AVE
SUITE 205
ALTAMONTE FL 32714

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

59-3206816

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCHAFER, MITCHELL P
800 S ORLANDO AVE
SUITE 100
MAITLAND FL 32751

7. Name and Address of New Registered Agent

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

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

TITLE ~~STB~~ ☐ Delete
NAME ANDERSON, PETER T
STREET ADDRESS 933 WEBSTER ST
CITY-ST-ZIP MARSHFIELD MA 02050-3481

TITLE ~~PD~~ ☐ Delete
NAME TAYLOR, TOM JR
STREET ADDRESS 3401 S. 19TH ST
CITY-ST-ZIP TACOMA WA

TITLE ~~PPD~~ ☒ Delete
NAME MIDDLETON, RODGER K
STREET ADDRESS 103-276 BEDFORD HWY.
CITY-ST-ZIP HALIFAX NO

TITLE ~~VD~~ ☐ Delete
NAME NULTY-BEALS, DANA
STREET ADDRESS PO BOX 19218
CITY-ST-ZIP KALAMAZOO MI 49019-0218

TITLE ~~ED~~ ☐ Delete
NAME CULBERSON, GILDA M
STREET ADDRESS 801 DOUGLAS AVE., #205
CITY-ST-ZIP ALTAMONTE FL 32714

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ~~VD~~ ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ~~PPD~~ ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ~~PD~~ ☒ 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

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

Date

Daytime Phone #

1-18-01 407-869-0404

CR2E037 (10/00)