

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90115 028 ****61.25

DOCUMENT # N93000004137

1. Entity Name

APPLIED SYSTEMS CLIENT NETWORK, INC.



Principal Place of Business

**801 DOUGLAS AVE
SUITE 205
ALTAMONTE FL 32714**

Mailing Address

**801 DOUGLAS AVE
SUITE 205
ALTAMONTE FL 32714**

60012



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

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

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **Asst President** ☒ Change ☐ Addition
NAME
STREET ADDRESS **507 Columbus Ave #1**
CITY-ST-ZIP **Boston MA 02118-3043**

TITLE **VP** ☐ Delete
NAME **KINGHTEN, SALLIE**
STREET ADDRESS **233 W COURT STREET**
CITY-ST-ZIP **WOODLAND CA 95695**

TITLE **President** ☒ Change ☐ Addition
NAME
STREET ADDRESS **3005 Douglas Blvd Ste 130**
CITY-ST-ZIP **Roseville CA 95661**

TITLE **PPD** ☒ Delete
NAME **NULTY-BEALS, DANA**
STREET ADDRESS **PO BOX 19218**
CITY-ST-ZIP **KALAMAZOO MI 49019-0218**

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

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

TITLE **Executive Director** ☐ Change ☒ Addition
NAME **William R Jenkins**
STREET ADDRESS **801 Douglas Ave #205**
CITY-ST-ZIP **Altamonte Springs FL 32714**

TITLE **SECT** ☐ Delete
NAME **DURLAND, STUART**
STREET ADDRESS **13 OAKLAND AVE**
CITY-ST-ZIP **WARWICK NY 10090**

TITLE **Vice President** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Secretary/Treasurer** ☐ Change ☒ Addition
NAME **Robby Dunn**
STREET ADDRESS **2550 N Loop West #850**
CITY-ST-ZIP **Houston TX 77092**

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: **WILLIAM R JENKINS** **WILLIAM R JENKINS** **1-10-03** **407-869-0404**

CR2E037 (10/02)