

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 31, 2001 08:00 AM**
Secretary of State**DOCUMENT # P00000021813**1. Entity Name
UNMANNED SYSTEMS SUPPORT, INCORPORATED

Principal Place of Business

1679 PARKSIDE CIRCLE

NICEVILLE
32578

FL

Mailing Address

1679 PARKSIDE CIRCLE

NICEVILLE
32578

FL

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

UNMANNED SYSTEMS SUPPORT, INC.

Suite, Apt. #, etc.

4516 HIGHWAY 20 EAST, PMB #121

City & State

NICEVILLE

FL

Zip

32578

Country

US

4. FEI Number

59-3634925

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PEARSON PHILIP E
1679 PARKSIDE CIRCLENICEVILLE
32578

FL

7. Name and Address of New Registered Agent

Name

PEARSON PHILIP E

Street Address (P.O. Box Number is Not Acceptable)

1679 PARKSIDE CIRCLE

City

NICEVILLE

FL

Zip Code
32578

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 **PHILIP E. PEARSON**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

03/31/2001

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00****After MAY 1, 2001 Fee will be \$550.00****Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME PEARSON PHILIP E
STREET ADDRESS 1679 PARKSIDE CIRCLE
CITY-ST-ZIP NICEVILLE FL 32578TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Philip E. Pearson**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CEO

03/31/2001

Date

Daytime Phone #

CR2E034 (11/00)