

DOCUMENT # P00000040288

1. Entity Name

IBEX LOGIC SYSTEMS, INC.

**FILED**  
**Jan 16, 2001 8:00 am**  
**Secretary of State**

01-16-2001 90088 018 \*\*\*150.00

Principal Place of Business

611 W AZEELE ST  
TAMPA FL 33606

Mailing Address

611 W AZEELE ST  
TAMPA FL 33606

2. Principal Place of Business

611 W AZEELE ST

3. Mailing Address

PO Box 4758

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA

City & State

Seminole FL

4. FEI Number

99-366 5197

Applied For

☒ Not Applicable

Zip

33606

Country

Ausuburg

Zip

33775

Country

Pinellas

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SMITH, H STRATTON III  
611 W AZEELE ST  
TAMPA FL 33606

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

*Christie J. Batnick*

*CHRISTIE J. BATNICK Sec/Treas*

*1-8-01*

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

(NOTE: Registered Agent signature required when reinstating)

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 *CEO* *Mohamed MUKHTAR* ☐ Delete  
NAME  
STREET ADDRESS *12581 - 81 AVEN*  
CITY-ST-ZIP *Seminole FL 33775*

TITLE *COO* *MICHAEL B ANDERSON* ☐ Delete  
NAME  
STREET ADDRESS *606 McCallister Ave*  
CITY-ST-ZIP *Sun City, FL. 33573*

TITLE *Sec/Treas* *CHRISTIE J. BATNICK* ☐ Delete  
NAME  
STREET ADDRESS *13734 76 Ave N*  
CITY-ST-ZIP *Seminole FL 33776*

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 -

TITLE ☐ 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

TITLE ☐ 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

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:

*Christie J. Batnick*

*CHRISTIE J. BATNICK Sec/Treas*

*1-8-01*

*727-317-2222*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)