

FILED
Apr 26, 2001 8:00 am
Secretary of State
04-26-2001 90125 004 ***150.00

1. Entity Name
GAMMASYS SOLUTIONS INC.

04-26-2001 90125 004 ***150.00

Principal Place of Business 2887 ROLLINGWOOD COURT CLEARWATER FL 33761		Mailing Address 2887 ROLLINGWOOD COURT CLEARWATER FL 33761 P.O. Box 15457 Clearwater, FL 33766-5457		 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 59-3645736	
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	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525				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					
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				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D CP ☐ Delete			TITLE	☒ Change ☐ Addition
NAME	BARKER, LARRY			NAME	
STREET ADDRESS	2887 ROLLINGWOOD COURT			STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 33761			CITY-ST-ZIP	
TITLE	VD ☐ Delete			TITLE	☐ Change ☒ Addition
NAME	Ross F. Barker			NAME	
STREET ADDRESS	2887 Rollingwood Ct.			STREET ADDRESS	
CITY-ST-ZIP	Clearwater, FL 33761 →			CITY-ST-ZIP	
TITLE	STD ☐ Delete			TITLE	☐ Change ☒ Addition
NAME	Alice J. Fletcher			NAME	
STREET ADDRESS	2887 Rollingwood Ct.			STREET ADDRESS	
CITY-ST-ZIP	Clearwater, FL 33761 →			CITY-ST-ZIP	
TITLE	D ☐ Delete			TITLE	☐ Change ☒ Addition
NAME	Rose R. Barker			NAME	
STREET ADDRESS	2887 Rollingwood Ct.			STREET ADDRESS	
CITY-ST-ZIP	Clearwater, FL 33761 →			CITY-ST-ZIP	
TITLE	D ☐ Delete			TITLE	☐ Change ☒ Addition
NAME	Kristine A. Barker			NAME	
STREET ADDRESS	2887 Rollingwood Ct.			STREET ADDRESS	
CITY-ST-ZIP	Clearwater, FL 33761 →			CITY-ST-ZIP	
TITLE	☐ Delete			TITLE	☐ Change ☐ Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				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: <u>Alice J. Fletcher</u> Alice J. Fletcher/Sec/Treasurer 4/19/01 727 781-647					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					