

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90635 016 ***150.00

DOCUMENT # P00000047835

1. Entity Name
GAMMASYS SOLUTIONS INC.



Principal Place of Business
2887 ROLLINGWOOD COURT
CLEARWATER FL 33761

Mailing Address
PO BOX 15457
CLEARWATER FL 33766-5457

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 59-3645736

Applied For

Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCP BARKER, LARRY 2887 ROLLINGWOOD COURT CLEARWATER FL 33761	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BARKER, ROSS F 2887 ROLLINGWOOD COURT CLEARWATER FL 33761	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOWNEY, WILLIAM 2887 ROLLINGWOOD COURT CLEARWATER FL 33761	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTS BARKER, ROSE R 2887 ROLLINGWOOD COURT CLEARWATER FL 33761	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOWNEY, LAURIE B 2887 ROLLINGWOOD COURT CLEARWATER FL 33761	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 607, 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: *LARRY BARKER*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2003.04.15

Date

Daytime Phone #

CR2E034 (10/02)