

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 08, 2001 08:00 AM**
Secretary of State**DOCUMENT # P00000103643**1. Entity Name
SHARKSEYE SYSTEMS INC

Principal Place of Business 1625 WEST MARION AVENUE SUITE 2 PUNTA GORDA 33950 FL	Mailing Address 1625 WEST MARION AVENUE SUITE 2 PUNTA GORDA 33950 FL
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2. Principal Place of Business 5060 KEY LARGO DRIVE	3. Mailing Address 1133 BAL HARBOR BLVD
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Suite, Apt. #, etc.	Suite, Apt. #, etc. SUITE 1139-180
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City & State PUNTA GORDA FL	City & State PUNTA GORDA FL
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Zip 33950	Country US	Zip 33950	Country US
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4. FEI Number 65-1054781	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**FILEMAN GARY T**
1625 WEST MARION AVENUE
SUITE 2
PUNTA GORDA
33950
US**7. Name and Address of New Registered Agent**Name
GALBURT PAUL J
Street Address (P.O. Box Number is Not Acceptable)
5060 KEY LARGO DRIVE
City
PUNTA GORDA FL Zip Code
33950

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 **PAUL J GALBURT****01/08/2001**

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC DEPONTE RICHARD 5115 N SOCRUM LOOP RD #326 LAKELAND FL 33809	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES GALBURT PAULA JEAN 5060 KEY LARGO DRIVE PUNTA GORDA FL 33950	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GALBURT PAUL J 5060 KEY LARGO DRIVE PUNTA GORDA FL 33950	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES SPEE ROBERT A 1717 LOS ALAMOS DRIVE PUNTA GORDA FL 33950	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Paul J Galburt

VP

01/08/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)