2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 AM
Secretary of State

DOCUMENT# P00000103643

Entity Name: SHARKSEYE SYSTEMS INC

Current Principal Place of Business:

5060 KEY LARGO DRIVE
PUNTA GORDA, FL 33950 US

New Principal Place of Business:

Current Mailing Address:

1133 BAL HARBOR BLVD
SUITE 1139-180
PUNTA GORDA, FL 33950 US

New Mailing Address:

FEI Number: 65-1054781 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GALBURT, PAUL J
5060 KEY LARGO DRIVE
PUNTA GORDA, FL 33950 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: SEC (X) Delete
Name: DEPONTE, RICHARD
Address: 5115 N SOCRUM LOOP RD #326
City-St-Zip: LAKELAND, FL 33809 US

Title: PRES ( ) Delete
Name: SPEE, ROBERT A
Address: 1717 LOS ALAMOS DRIVE
City-St-Zip: PUNTA GORDA, FL 33950 US

Title: VP ( ) Delete
Name: GALBURT, PAUL J
Address: 5060 KEY LARGO DRIVE
City-St-Zip: PUNTA GORDA, FL 33950 US

Title: TRES ( ) Delete
Name: GALBURT, PAULA JEAN
Address: 5060 KEY LARGO DRIVE
City-St-Zip: PUNTA GORDA, FL 33950 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: PRES (X) Change ( ) Addition
Name: SPEE, ROBERT A
Address: 14521 GRANDE CAY CIRCLE, #2906
City-St-Zip: FORT MYER, FL 33908 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAULA JEAN GALBURT TRES 04/18/2002

Electronic Signature of Signing Officer or Director Date