## 2001 UNIFORM BUSINESS REPORT (UBR)

## Apr 16, 2001 8:00 am Secretary of State DOCUMENT # P000001:10622 1. Entity Name 4C'S SYSTEM, INC. 04-16-2001 90038 004 \*\*\*150 00 Mailing Address Principal Place of Business 266 WILSHIRE BLVD., STE, 127 266 WILSHIRE BLVD., STE. 127 CASSELBERRY FL 32707 CASSELBERRY FL 32707 00036947 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. ■ Applied For 4. FEI Number City & State City & State Not Applicable Country \$8.75 Additional Zip Country Zin 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CHOPRA. DEEPAK K Street Address (P.O. Box Number is Not Acceptable) 266 WILSHIRE BLVD., STE. 127 CASSELBERRY FL 32707 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition □ Delete TITLE TITLE CHOPRA, DEEPAK K NAME NAME STREET ADDRESS STREET ADDRESS 266 WILSHIRE BLVD., STE. 127 CITY-ST-ZIP CITY-ST-ZIP CASSELBERRY FL 32707 Addition Change ☐ Delete TITLE CHOPRA, ANURADHA NAME NAME STREET ADDRESS STREET ADDRESS 266 WILSHIRE BLVD., STE. 127 CITY-ST-ZIP CITY-ST-ZIP CASSELBERRY FL 32707 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete\_ 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 tipustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

☐ Delete

☐ Change

☐ Addition