FILED
Sep 02, 2002 8:00 am
Secretary of State
05-24-2002 91331 024 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

870521

DOCUMENT # P01000019535

1. Entity Name
SYSTIX, INC. ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1850 FOREST HILL BLVD.	1850 FOREST HILL BLVD.
Suite, Apt. #, etc. SUITE 109	Suite, Apt. #, etc. SUITE 109
City & State WEST PALM BEACH, FL	City & State WEST PALM BEACH, FL
Zip 33406 Country USA	Zip 33406 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1081241 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
JOHN B. McCRACKEN

Street Address (P.O. Box Number is Not Acceptable)
JONES FOSTER JOHNSTON & STUBBS P.A.
505 SOUTH FLAGLER DRIVE, SUITE 1100

City
WEST PALM BEACH FL 33401

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 _____ JOHN B. McCRACKEN, REGISTERED AGENT
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) ☐

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P/S/T WILSON, MARK C. 4177 BLUFF HARBOR WAY WELLINGTON, FL 33467
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/VP WILSON, BRUCE C. 1966 OCEAN RIDGE CIRCLE VERO BEACH, FL 32963
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ MARK C. WILSON, PRESIDENT 561-434-7745
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment

#P01000019535

668377 1489

SYSTIX, INC.
DBA NETWORK ADVISORS

561-434-7745
1850 FOREST HILL BLVD. SUITE 102
WEST PALM BEACH, FL 33406

020179672 1505 0429 01 05-31-02

date 5/3/02

63-1496/670

Pay to the order of Department of State $ 150.00

One Hundred Fifty xx/100 dollars

Flagler Bank
West Palm Beach, FL
(561) 432-2122

for Uniform Business Report

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