2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 06, 2002 8:00 am Secretary of State P01000093898 DOCUMENT # 1. Entity Name 05-06-2002 90160 039 ***158.75 CHOICE SYSTEM GROUP, INC. Mailing Address Principal Place of Business 7541 BAYOU GEORGE DRIVE 7541 BAYOU GEORGE DRIVE PANAMA CITY FL 32404 PANAMA CITY FL 32404 3. Mailing Address 2. Principal Place of Business 7607 Bayou George Drive 7607 Bayou George Drive DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State *59-374757*2 Not Applicable Panama City FL Panama City FL \$8.75 Additional ---Zip---Country--: -5. Certificate of Status Desired USA 32404 32404 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DUNHAM, BARBARA D Street Address (P.O. Box Number is Not Acceptable) 7541 BAYOU GEORGE DRIVE PANAMA CITY FL 32404 Zip Code City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. Addition ☐ Change TITLE Delete TITLE Nicholas R. Cordua NAME NAME 7607 Bayou George Drive STREET ADDRESS STREET ADDRESS Panama City, FL_ 32404 CITY-ST-7IP CITY-ST-ZIP **X** Addition V/S/T ☐ Change ☐ Delete TITLE TITLE NAME Barbara D. Dunham NAME STREET ADDRESS 7541 Bayou George Drive STREET ADDRESS CITY-ST-ZIP === Panama City, FL 32404 CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change [] Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.