

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0019452
AV

DOCUMENT # P01000101129

1. Entity Name
SYSTEM OFFICE SOLUTIONS INC.



FILED

04 FEB 27 PM 12:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**309 EAST YALE STREET
ORLANDO FL 32804**

Mailing Address
**309 EAST YALE STREET
ORLANDO FL 32804**

2. Principal Place of Business
123 Ludlow Drive

3. Mailing Address
Post Office Box 547400

City & State
Longwood, FL

City & State
Orlando, FL

Zip
32779

Country
USA

Zip
32854

Country
USA

REINSTATEMENT 03-04

4. Fee Number
26-0001379

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LARSON, ALAN
309 EAST YALE STREET
ORLANDO FL 32804

7. Name and Address of New Registered Agent

Name
Alan Larson

Street Address (P.O. Box Number is Not Acceptable)
123 Ludlow Drive

City
Longwood

FL Zip Code
32779

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable. DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PSD	<input type="checkbox"/> Delete	TITLE PSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LARSON, ALAN		NAME Larson, Alan	
STREET ADDRESS 309 EAST YALE STREET		STREET ADDRESS 123 Ludlow Drive	
CITY-ST-ZIP ORLANDO FL 32804		CITY-ST-ZIP Longwood, FL 32779	
TITLE VPTD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LARSON, JULIE		NAME	
STREET ADDRESS 309 EAST YALE STREET		STREET ADDRESS	
CITY-ST-ZIP ORLANDO FL 32804		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: _____ **REQUIRED**

1/30/04 407-897-0975

DATE Daytime Phone #

CR2E034 (4/03)