

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

04-28-2002 90671 001 *****8.75
 04-28-2002 90671 002 ***150.00

DOCUMENT # P01000105630

1. Entity Name
SDR SYSTEMS, INC.

Principal Place of Business
**10349 BUENA VENTURA DRIVE
 BOCA RATON FL 33498**

Mailing Address
**10349 BUENA VENTURA DRIVE
 BOCA RATON FL 33498**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **31-1810860** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RUSSELL, MARY DR.
 10349 BUENA VENTURA DRIVE
 BOCA RATON FL 33498**

Name **Robert McElroy Ph.D.**
 Street Address (P.O. Box Number is Not Acceptable)
**6971 N Federal Hwy
 Suite 405**
 City **Boca Raton** FL Zip Code **33487**

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 **RC McElroy**
 Signature, typed or printed name of registered agent and title (if applicable).

(NOTE: Registered Agent signature required when reinstating)

DATE **4/19/02**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MCELROY, ROBERT DR. 6971 NORTH FEDERAL HIGHWAY SUITE 405 BOCA RATON FL 33487 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D RUSSELL, MARY DR. 10349 BUENA VENTURA DRIVE BOCA RATON FL 33498 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WALKER, SUSAN ESO 2255 GLADES RD S#324 ATRIUM PMB 1070 BOCA RATON FL 33431 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
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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.

SIGNATURE: **RC McElroy**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

561-495-6781

CR2E034 (9/01)