2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P02000022134 DOCUMENT #

1. Entity Name

SUITE 410

Principal Place of Business

170 OCEAN LANE DRIVE

KEY BISCAYNE FL 33149

Suite, Apt. #, etc. Apt 410

SIGNATURE

2. Principal Place of Business

170 Ocean Ln Dr

Biscount

PLEXSYS INTERNATIONAL, INC.



FILED Mar 03, 2003 8:00 am **Secretary of State**

03-03-2003 90498 010 ***150.00

Mailing Address 170 OCEAN LANE DRIVE SUITE 410 KEY BISCAYNE FL 33149			
3. Mailing Address 170 Decan Ln Dr		881th 881th 881th 881th 11819 11881 11885 11814 8101 1485	
Suite, Apt. #, etc.	. CHECI	,	
City.& State.	4. FEI Number	Applied For	

01-065 8356

\$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KESMODEL, ROBERT H Street Address (P.O. Box Number is Not Acceptable) 170 OCEAN LANE DRIVE SUITE 410 Zip Code **KEY BISCAYNE FL 33149** 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

BISCAMOE, FL

· the obligations of registered agent.

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00

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

(NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing \$5.00 May Be Added to Fees

DATE

Not Applicable

Trust Fund Contribution. Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Change Addition ☐ Delete TITLE TITLE KESMODEL, ROBERT H NAME STREET ADDRESS STREET ADDRESS 170 OCEAN LANE DRIVE, #410 CITY-ST-ZIP KEY BISCAYNE FL 33149 CITY-ST-7IP TITLE Change Addition ☐ Delete NAME MACDONALD, SANDRA M NAME STREET ADDRESS STREET ADDRESS 1017 S.W. 29TH STREET CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33315 Change Addition TITLE ☐ Defete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P

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:

1-20-03 305-365-9005