

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0049579 AV

DOCUMENT # P02000090189

1. Entity Name
DEBRON SYSTEMS, INC.



FILED

03 APR 23 PH 2:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
1523 PAUL THOMPSON ROAD
MONTICELLO FL 32344
US

Mailing Address
1523 PAUL THOMPSON ROAD
MONTICELLO FL 32344
US

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

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TUDOR, RONALD P
1523 PAUL THOMPSON ROAD
MONTICELLO FL 32344

Name

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

City

FL

Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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 P ☐ Delete
NAME TUDOR, RONALD P
STREET ADDRESS 1523 PAUL THOMPSON ROAD
CITY-ST-ZIP MONTICELLO FL 32344

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
700018672367
05/09/03--01051--006 **150.00

TITLE T ☐ Delete
NAME TUDOR, DEBORAH A
STREET ADDRESS 1523 PAUL THOMPSON ROAD
CITY-ST-ZIP MONTICELLO FL 32344

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
700018672367
05/09/03--01051--007 **8.75

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: *Deborah A. Tudor* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-23-03 Date

850-997-1674 Daytime Phone #

CR2E034 (10/02)