2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P02000100230 **DOCUMENT #**

1. Entity Name

TOTAL INVENTORY SYSTEMS, INC.



FILED
Apr 23, 2003 8:00 am
Secretary of State
o/-23-2003 90161 022 ***150 00

Moling Address PO. BOX 15322 TALLAMASSEE FL 2217 US 2. Principal Place of Business Po. BOX 15322 TALLAMASSEE FL 2217 US 2. Principal Place of Business Po. BOX 15322 TALLAMASSEE FL 2217 US 3. Mailing Address Po. BOX 15322 TALLAMASSEE FL 2217 US 5. Mailing Address Po. BOX 15322 TALLAMASSEE FL 2217 US 5. Cell Call of Status Desired Po. Cell CK HERE IF MAKING CHANGES Suite, Apt. 4 etc. City & State Ci					TE TEST						
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Suite, Apt. #, etc. City & State City & Stat			1 - /								
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B. 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 SIGNATUR	· ·			Street A	ddress (P.	Idress (P.O. Box Number is Not Acceptable)					
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signaful Special Statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signaful Special Statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. The state of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent and discipled with redictions. SIGNATURE	TALLAHAS	SSEE FL 32309									
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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.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

☐ Delete

☐ Change

Addition