

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000020696

1. Entity Name  
OPEN SYSTEMS INTEGRATION, INC.

**FILED**  
**May 03, 2001 8:00 am**  
**Secretary of State**

05-03-2001 90089 047 \*\*\*150.00

Principal Place of Business  
4905 W LAUREL STREET  
SUITE 200  
TAMPA FL 33607  
US

Mailing Address  
4905 W LAUREL STREET  
SUITE 200  
TAMPA FL 33607  
US

2. Principal Place of Business

200 S. HOOPER BLVD, #205

3. Mailing Address

200 S. HOOPER BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA, FL

City & State

TAMPA, FL

Zip

33609

Country

HILLSBOROUGH

Zip

33609

Country

HILLSBOROUGH

6. Name and Address of Current Registered Agent

MILVAIN, B M  
4905 W LAUREL ST  
SUITE 200  
TAMPA FL 33607

7. Name and Address of New Registered Agent

Name

MILVAIN, B. M.

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

200 S. HOOPER BLVD., #205

City

Tampa

FL

Zip Code

33609

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2001 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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
BEHANIC, RONALD A  
4905 W LAUREL STREET, STE 200  
TAMPA FL  
☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
GERHART, BARBARA  
4905 W LAUREL ST., STE 200  
TAMPA FL  
☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
MILLER, SHIELA  
4905 W LAUREL STREET, STE 200  
TAMPA FL  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
MILLER, RONALD L  
4905 W LAUREL ST, #200  
TAMPA FL  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VPD  
MILVAIN, B M  
4905 W LAUREL ST, STE 200  
TAMPA FL  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
COO  
FRITCHIE, CHARLOTTE B  
5153 ISLA KEY BLVD  
ST PETERSBURG FL 33715  
☒ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
MARRIOTT, RICHARD A  
2601 HERON LANE N.  
CLEARWATER, FL  
☐ Change ☒ Addition

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

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

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

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

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

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:

*B.M. Milvain* B.M. Milvain VP.D

4/30/01

813-282-3303

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)