01-11-01 727-398-609

Daytime Phone #

## 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUI 1. Entity Name SYSNETI			338	)RT (	(UBR)	S	FII n 22, 20 ecretar o1-22-2001 901	y of	Stat	e
150 153RD AVE STE 300B			Mailing Address P O BOX 8335 MADEIRA BCH FL 33738-8335 US  3. Mailing Address  Suite, Apt. #, etc.							41 (041)4 <b>1</b> 1
Principal Place of Business     Suite, Apt. #, etc.										
City & State	e	Cit	City & State			4. FEI Numbe	4. FEI Number 59-3171877 Applied For			
Zip	Country	Zip	)	Counti	гу	5. Certificate	of Status Desired		8.75 Add	litional
	6. Name and Address of	Current Register	red Agent			7. Name and	DO NOT WRITE IN THIS SPACE  The space of Status Desired Sa.75 Additional Fee Required and Address of New Registered Agent			
HEBBEL, KATHLEEN 14323 83RD PLACE N SEMINOLE FL 33776			a ja laata <del>Tama</del> i		Name Street Address (P.O. Box Number is Not Acceptable)					
					City			FL	Zip Cod	e
8. The above	e named entity submits this sta	atement for the pur	rpose of changing it	s registere	ed office or reg	gistered agent, or bot	n, in the State of Flor	ida.		
SIGNATURE .  9. This corporate filing in the second	e named entity submits this sta Signature, typed or printed name of regionation is eligible to satisfy its requirement and elects to do ria on back)	istered agent and title if a Intangible so.	pplicable. (NO	VIII FEE	Agent signature rec IS \$150.00 will be \$550.	oquired when reinstating)  10. Ele State	ction Campaign Fina st Fund Contribution	DATE ancing	Ådded	<b>0</b> May Be
SIGNATURE .  9. This corporate filing in the second	Signature, typed or printed name of regionation is eligible to satisfy its requirement and elects to do ria on back)	istered agent and title if a Intangible so.	pplicable. (NO FILE NOW After MAY 1, 2 Make Check Pays ORS	VIII FEE	Agent signature rec IS \$150.00 will be \$550.	oquired when reinstating)  10. Ele State	ction Campaign Fina	DATE ancing .	Added	I to Fees
9. This corporate flag (See criter	Signature, typed or printed name of regionation is eligible to satisfy its requirement and elects to do ria on back)  OFFIC  P HEBBEL, KATHLEEN	istered agent and title if a Intangible so.	pplicable. (NO FILE NOW After MAY 1, 2 Make Check Paya	VIII FEE 2001 Fee able to De 12. TITLE NAME STREE	I Agent signature rec IS \$150.00 will be \$550. epartment of	oquired when reinstating)  10. Ele State	ction Campaign Fina st Fund Contribution	DATE ancing .	Addec	d to Fees S IN 11 Addition
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR