

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000048808

1. Entity Name
BBS Systems, Inc. Corp. No. P93000048808
6663 Hidden Beach Circle
Orlando, FL 32819

Principal Place of Business
6663 Hidden Beach Cir.
Orlando, FL 32819

Mailing Address
PO Box 618688
Orlando, FL 32861

2. Principal Place of Business
6663 Hidden Beach Cir.
Suite, Apt. #, etc.

3. Mailing Address
PO Box 618688
Suite, Apt. #, etc.

City & State
Orlando, FL

Zip
32819

Country
USA

City & State
Orlando, FL

Zip
32861

Country
USA

4. FEI Number
59-3188370

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Jacques Brin
6663 Hidden Beach Circle
Orlando, FL 32819

7. Name and Address of New Registered Agent

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.

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, 2000 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	PD	<input checked="" type="checkbox"/> Delete
NAME	Bolli, Heinz	
STREET ADDRESS	6524 Haughton Lane	
CITY-ST-ZIP	Orlando, FL 32835	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	Bolli, Peter	
STREET ADDRESS	6524 Haughton, Lane	
CITY-ST-ZIP	Orlando, FL 32835	<input type="checkbox"/> Delete
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD, VPD, SD	<input type="checkbox"/> Delete
NAME	Jacques Brin	
STREET ADDRESS	6663 Hidden Beach Circle	
CITY-ST-ZIP	Orlando, FL 32819	<input type="checkbox"/> Delete
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: Jacques Brin 4/24/00 (407) 292-4812
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
Jun 07, 2000 8:00 am
Secretary of State

06-07-2000 90003 026 ***158.75

CR2E034 (9/99)