

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000072271

1. Entity Name

ACTIVE SYSTEMS, INC.

FILED

Feb 09, 2000 8:00 am
Secretary of State

02-09-2000 90360 015 ***150.00

Principal Place of Business

1000 SPANISH RIVER RD
#4C
BOCA RATON FL 33432
US

Mailing Address

1000 SPANISH RIVER ROAD
#4C
BOCA RATON FL 33432-7672
US

014000

2. Principal Place of Business

11370 TWELVE OAKS WAY
Suite, Apt. #, etc.
414

3. Mailing Address

Suite, Apt. #, etc.
← SAME

DO NOT WRITE IN THIS SPACE

City & State

North Palm Beach, FL

City & State

4. FEI Number 65-0447758

Applied
Not

Zip

33408

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HELLMAN, MAYNARD J
1100 PONCE DE LEON BLVD
CORAL GABLES FL

7. Name and Address of New Registered Agent

Name HELLMAN, MAYNARD J

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

150 S. Pine Island

City

Plantation

FL

Zip Code

33324

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
Added to

11. OFFICERS AND DIRECTORS

TITLE P
NAME LABBEE, M.F.
STREET ADDRESS 1000 SPANISH RIVER ROAD
CITY-ST-ZIP BOCA RATON FL ☒ Delete

TITLE S
NAME KINNARD, DEANNA LABBEE
STREET ADDRESS 8626 SW 202 ST
CITY-ST-ZIP ARCHER FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN

TITLE P
NAME LABBEE, M.F.
STREET ADDRESS 11370 TWELVE OAKS WAY #414
CITY-ST-ZIP North Palm Beach FL 33408 ☒ Change ☐

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

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

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

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

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

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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

M.F. LABBEE

2/1/2000

561-625-1

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #