

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P93000081222**

1. Entity Name

POCKET SYSTEMS, INC.**FILED**
Apr 19, 2000 08:00 AM
Secretary of State

Principal Place of Business

6495 TAYLOR ROAD

Mailing Address

6495 TAYLOR ROAD**NAPLES****FL****34109****US****NAPLES****FL****34109****US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0454536

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**FELBER NANCY**
6495 TAYLOR ROAD
STE - 239
NAPLES
34109**FL****US****7. Name and Address of New Registered Agent**

Name

FELBER NANCY

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

6495 TAYLOR ROAD

City

NAPLES**FL**

Zip Code

34109

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)

04/19/2000

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**TITLE **V** ☐ Delete
NAME **FELBER NANCY**
STREET ADDRESS **152 CARICA RD**
CITY-ST-ZIP **NAPLES FL**TITLE **P** ☐ Delete
NAME **FELBER RICHARD C**
STREET ADDRESS **152 CARICA RD**
CITY-ST-ZIP **NAPLES FL**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE **V** ☒ Change ☐ Addition
NAME **FELBER NANCY**
STREET ADDRESS **152 CARICA RD**
CITY-ST-ZIP **NAPLES FL 34108**TITLE **P** ☒ Change ☐ Addition
NAME **FELBER RICHARD C**
STREET ADDRESS **152 CARICA RD**
CITY-ST-ZIP **NAPLES FL 34108**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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)(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: NANCY FELBER

04/19/2000