

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 NOV -6 PM 4:28

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **PA3000084337**

1. Entity Name

System Products Group, Inc.



DO NOT WRITE IN THIS SPACE

200024490212
11/06/03--01063--005 **158.75

REINSTATEMENT 03

2. Principal Place of Business

6707 N. Himes Ave.

3. Mailing Address

PO Box 21006

State, Apt. #, etc.

State, Apt. #, etc.

City & State

Tampa, FL

City & State

Tampa, FL

4. FEI Number

59-3213927

Not Applicable

Zip

33614

Country

US

Zip

33622

Country

US

5. Certificate of Status Desired

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name **Gluckman, Jeremy E.**

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

707 N. Franklin Street, 4th Floor

City **Tampa**

FL

Zip Code **33602**

**DO NOT WRITE
IN THIS SPACE**

8. This above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reconstituting)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P/T/S/D - Beehler, Gratz
6707 N. Himes Ave
Tampa, FL 33614

TITLE
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(a), 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Gratz Beehler

Signature and Typed or Printed Name of Signing Officer or Director

Oct 23, 2003

Date

813
495-8480

Phone/Fax #

CR2E034E (12/02)

To:
Uniform Business Report
Division of corporations
PO Box 1500
Tallahassee, FL 32302

From:
System Products Group, Inc.
PO Box 21006
Tampa, FL 33622

30 October 2003

We have just realized from your online system that our corporation is inactive, apparently due to failure to file a Uniform Business Report.

We are filing a copy that we have downloaded from your online system since we did not receive this report. We understand that the late fee of \$400.00 is waived under this circumstance.

Enclosed is a check for \$158.75 for the annual fee and a certificate of status. Please update our status as soon as possible to facilitate business opportunities.

Thank you very much.