2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P94000017211** May 01, 2000 8:00 am Secretary of State 1. Entity Name SYSTEM INNOVATORS, INC. 05-01-2000 90314 031 ***150.00 Mailing Address Principal Place of Business 10550 DEERWOOD PARK BLVD., STE. 700 10550 DEERWOOD PARK BLVD., STE. 700 JACKSONVILLE FL 32256 JACKSONVILLE FL 32256-0596 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State City & State 59-3227491 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BALL, JOHN S Street Address (P.O. Box Number is Not Acceptable) 1 INDEPENDENT DR. **SUITE 2600** JACKSONVILLE FL 32202 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. **PVTS** TITLE ☐ Delete TITLE ▼ Change ☐ Addition NELSON, ROGER D. NAME NAME 10550 Deerwood Park Blvd., Suite 700 8301 CYPRESS PLAZA DRIVE, SUITE 105 STREET ADDRESS STREET ADDRESS Jacksonville, FL 32256 CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL ☐ Addition ☐ Delete TITLE X Change TITLE TRIVISION, KENNETH R. NAME NAME 10550 Deerwood Park Blvd., Suite 700 8301 CYPRESS PLAZA DRIVE, SUITE 105 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Jacksonville, FL 32256 CITY-ST-ZIP JACKSONVILLE FL N. Change - □ Addition TITLE Defete TITLE GILLUM, CHARLES A NAME NAME 10550 Deerwood Park Blvd., Suite 700 8301 CYPRESS PLAZA DR, STE 105 STREET ADDRESS STREET ADDRESS Jacksonville, FL 32256 CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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 eport 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 propowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/00

904-281-9090

Daytime Phone #