

2000 UNIFORM BUSINESS REPORT (UBR)

1062

DOCUMENT # P94000026455

1. Entity Name

TRANSFORM SYSTEMS, INC.

FILED

00 JUL 24 AM 7:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

7/17/00 90011004

\$150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business

1552 ALMOND CT
CASSELBERRY FL 32707
US

Mailing Address

1552 ALMOND CT
CASSELBERRY FL 32707-5147
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

59-3236122

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CICERO, CRAIG
293 RINGWOOD DR
WINTER SPRINGS FL 32708

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PT	<input type="checkbox"/> Delete
NAME	CICERO, CRAIG	
STREET ADDRESS	1552 ALMOND CT	
CITY-ST-ZIP	CASSELBERRY FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CICERO, STEPHANIE	
STREET ADDRESS	1552 ALMOND CT.	
CITY-ST-ZIP	CASSELBERRY FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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
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
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)(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:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-22-00

Daytime Phone #

CR2034 (9/99)

202

facsimile
TRANSMITTAL

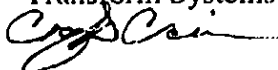
to: Attn: Leslie
fax #: 850-487-6017
re: Annual Report
date: July 31, 2000
pages: 1, including this cover sheet.

Reference No.# P94000026455

To Whom it May Concern,

I am writing this letter in response to above reference number. My annual report/uniform business report and check totaling \$150.00 was sent out to your department before May 1st, 2000 and should have been recieved well before. Apparently, this form and payment was lost or shuffled in the mail and was not recieved on time. Please accept my report and payment as "on time".

Sincerely,
Craig Cicero
Transform Systems, Inc.



Craig Cicero
President
Transform Systems, Inc.
1552 Almond Ct.
Casselberry FL 32707
(407)695-9766
Fax: (407)695-9724