2002 UNIFORM BUSINESS REPORT (UBR)

Mar 07, 2002 8:00 am Secretary of State **DOCUMENT #** P94000040111 1. Entity Name 03-07-2002 90028 003 ***150.00 ELECTRONIC SYSTEMS INTEGRATION, INC. Mailing Address Principal Place of Business PO BOX 361182 4315 WOODLAND PRK DR MELBOURNE FL 32906-1182 **STE 104** WEST MELBOURNE FL 32904 ШS 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3248321 Not Applicable \$8.75 Additional Country Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent VAN PELT. RICHARD Street Address (P.O. Box Number is Not Acceptable) 370 CARISSA COURT SATELLITE BEACH FL 32937 Zip Code se of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity submits this statement for the pu SIGNATURE (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, 2002 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12 11. CR2E034 (9/01) ☐ Change ☐ Addition TITLE Delete TITLE NAME VAN PELT, RICHARD T NAME 370 CARISSA CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SATELLITE BEACH FL 32937 ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME JONES, EARL K 183 MASSINI AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM BAY FL Addition Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 attack

SIGNATURE:

FILED