2001 UNIFORM BUSINESS REPORT (UBR)

May 01, 2001 8:00 am Secretary of State DOCUMENT # P95000065287 CEO SYSTEMS, INC. 05-01-2001 90002 037 ***150.00 Principal Place of Business Mailing Address 202 lake miriam dr 1528 DEL CREST PLACE E-3 LAKELAND FL 33803 LAKELAND FL 33813 US Principal Place of Business DO NOT WRITE IN THIS SPACE City & State 4. FEI Number 59-3331564 Applied For Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired ISA Fee Required LS A 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent O'TOOLE, CHRISTOPHER Street Address (P.O. Box Number is Not Acceptable) 1528 DEL CREST PLACE LAKELAND FL 33803 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. Addition TITLE Delete TITLE O'TOOLE, CHRISTOPHER E NAME NAME 1528 DEL CREST PLACE STREET ADDRESS STREET ADDRESS LAKELAND FL 33803 CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE 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 CITY-ST-ZIP ☐ Change ☐ Addition TITI F □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE 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 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

n address, with all other like empowered

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