2000 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 17, 2000 8:00 am DOCUMENT # P9600007456 **Secretary of State** 1. Entity Name MAIERS SYSTEMS, INC. 02-17-2000 90072 016 ***150.00 Principal Place of Business Mailing Address 11310 SATELLITE BLVD. 11310 SATELLITE BLVD. 713885 ORLANDO FL 32837-9224 ORLANDO FL 32837 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3358893 Not Applicable 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 MAIERS, GERALD Street Address (P.O. Box Number is Not Acceptable) 11310 SATELLITE BLVD. ORLANDO FL 32837 Zip Code FL 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 Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 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 11. 12. Change XX 11111. TITLE ☐ Defete TITLE Director MAIERS, GERALD Maiers, Joseph NAME NAME 12088 BLACKHEATH CIRCLE STREET ADDRESS STREET ADDRESS 12053 Saffron Ct ORLANDO FL 32837 CITY-ST-ZIP CITY-ST-ZIP Orlando, FL 32837 ☐ Change ☐ Delete TITLE MAIERS, CHARLES NAME NAME 12528 BRITWELL CT. STREET ADDRESS STREET ADDRESS ORLANDO FL CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP □ 1200 TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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 12 or Block 12

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

SIGNATURE: Several