

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000009026

1. Entity Name

CERTIFIED ELECTRONIC SYSTEMS, INC.

FILED
Mar 13, 2000 8:00 am
Secretary of State

03-13-2000 90045 025 ***150.00

Principal Place of Business 1575 AVIATION PKWY SUITE 420 DAYTONA BEACH FL 32214-3860 US	Mailing Address 1575 AVIATION PKWY SUITE 420 DAYTONA BEACH FL 32114 US
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2. Principal Place of Business 1120 ENTERPRISE CT Suite, Apt. #, etc. UNIT A	3. Mailing Address 1120 A ENTERPRISE CT Suite, Apt. #, etc.
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City & State HOLLY HILL, FL	City & State HOLLY HILL, FL	4. FEI Number 59-3358830	Applied For Not Applicable
Zip 32117	Country VOLUSIA	Zip 32117	Country VOLUSIA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SMITH, GARY L
1185 15TH STREET
HOLLY HILL FL 32117

7. Name and Address of New Registered Agent

Name
SMITH, GARY L
Street Address (P.O. Box Number is Not Acceptable)
625 N BEACH ST. #2
City
DAYTONA BEACH FL Zip Code
32114

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 Gary L Smith GARY L. SMITH 3/2/00
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SMITH, GARY L 1185 15TH STREET HOLLY HILL FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T O'NEAL, ALLEN S P O BOX 1141 UMATILLA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S REISZ, MARK A 2941 ROYAL PALM EDGEWATER FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Gary L Smith 3/2/00 904248-0460
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #