

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P96000042016**

1. Entity Name

**MCR SYSTEMS, INC.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 AUG 10 AM 10:05

Principal Place of Business

Mailing Address

**140 Alexandria Blvd. Suite H  
Oviedo, FL 32765**

2. Principal Place of Business

3. Mailing Address

**140 Alexandria Blvd. Suite H**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite H**

**Suite H**

City & State

City & State

**Oviedo, FL**

**Oviedo, FL**

Zip

Country

**32765 USA**

**32765 USA**

Country

**USA**

4. FEI Number

**59-3381943**

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

**R. Lawrence Heinkel  
South Trust Bank Building  
135 W. Central Blvd., Suite 220  
Orlando, FL 32801**

Name

**Wayne F. Leland**

Street Address (P.O. Box Number is Not Acceptable)

**5971 Brick Court Suite 100**

**Winter Park, FL 32792**

City

**Winter Park**

**FL**

Zip Code

**32792**

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, 2001 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 **C** ☐ Delete  
NAME **Ronald D. Warble**  
STREET ADDRESS **140 Alexandria Blvd. Ste H**  
CITY-ST-ZIP **Oviedo, FL 32765**

TITLE **P** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **P** ☒ Delete  
NAME **Wayne Leland**  
STREET ADDRESS **140 Alexandria Blvd. Ste. H**  
CITY-ST-ZIP **Oviedo, FL 32765**

TITLE ☐ Change ☐ Addition  
NAME **800004547458-4**  
STREET ADDRESS **-08/21/01--01072--002**  
CITY-ST-ZIP **\*\*\*\*900.00 \*\*\*\*900.00**

TITLE ☒ Delete  
NAME **Dennis Peters**  
STREET ADDRESS **140 Alexandria Blvd. Ste. H**  
CITY-ST-ZIP **Oviedo, FL 32765**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Ronald D Warble**

Date

Daytime Phone #

**4/24/01 407 949-3100**

CR2E034 (11/00)