

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000054144

1. Entity Name  
CX SYSTEMS INT'L, INC.

**FILED**  
**Mar 05, 2001 8:00 am**  
**Secretary of State**

03-05-2001 90282 004 \*\*\*158.75

Principal Place of Business  
5107 S SMITH RYALS RD  
PLANT CITY FL 33564

Mailing Address  
P O BOX 3452  
PLANT CITY FL 33564-3452



DO NOT WRITE IN THIS SPACE

|                                |         |                     |         |  |  |                                |  |
|--------------------------------|---------|---------------------|---------|--|--|--------------------------------|--|
| 2. Principal Place of Business |         | 3. Mailing Address  |         | 4. FEI Number 59-3383790   |  | Applied For                    |  |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |  |  | Not Applicable                 |  |
| City & State                   |         | City & State        |         | 5. Certificate of Status Desired <input checked="" type="checkbox"/> |  | \$8.75 Additional Fee Required |  |
| Zip                            | Country | Zip                 | Country |  |  |                                |  |

|   |  |  |  |  |  |    |  |
|---|--|--|--|--|--|----|--|
| 6. Name and Address of Current Registered Agent   |  |  |  | 7. Name and Address of New Registered Agent        |  |    |  |
| BAILEY, CYNTHIA R<br><del>5107 S SMITH RYALS ROAD</del><br>PLANT CITY FL 33567<br><i>5107 SOUTH SMITH RYALS ROAD</i><br><i>PLANT CITY, FL 33567</i> |  |  |  | Name   |  |    |  |
|   |  |  |  | Street Address (P.O. Box Number is Not Acceptable) |  |    |  |
|   |  |  |  | City   |  | 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 \_\_\_\_\_ (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) <input type="checkbox"/> | <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After MAY 1, 2001 Fee will be \$550.00</b><br><b>Make Check Payable to Department of State</b> | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/><br><b>\$5.00 May Be Added to Fees</b> |
|---|---|---|

| 11. OFFICERS AND DIRECTORS                     |   | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PSTD</b><br><b>BAILEY, CYNTHIA R.</b><br><b>5107 S. SMITH RYALS RD.</b><br><b>PLANT CITY FL</b> <input type="checkbox"/> Delete                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>ROBINSON SR., DR. BERNARD</b><br><b>98-944 KAHAPILI ST.</b><br><b>AIEA HI 96701</b> <input type="checkbox"/> Delete                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>COLLINS, CAROLYN</b><br><b>4002 LA SALLE STREET</b><br><b>TAMPA FL</b> <input type="checkbox"/> Delete                             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>ROBINSON, EUGENE S</b><br><b>2925 S. PINEWAY DRIVE</b><br><b>PLANT CITY FL</b> <input type="checkbox"/> Delete                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>HAMILTON, CYNTHIA C.</b><br><b>5337 CEDAR LAKE RD. APT. 11-27</b><br><b>BOYNTON BEACH FL 33437</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>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: *Cynthia R. Bailey, CEO (PSTD)* 2/28/01 (813) 789-8678-6 (813) 258-0223

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)