

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90063 040 ***150.00

DOCUMENT # P96000067879

1. Entity Name
CERES SYSTEMS, INC.



Principal Place of Business
**1227 MARSHALL FARMS ROAD
OCFEE FL 34761**

Mailing Address
**1227 MARSHALL FARMS ROAD
OCFEE FL 34761**

2. Principal Place of Business
215 CAPITOL CT
Suite, Apt. #, etc.

3. Mailing Address
215 CAPITOL CT
Suite, Apt. #, etc.

City & State
OCFEE FL

City & State
OCFEE FL

4. FEI Number **59-3408109**

Applied For
Not Applicable

Zip **34761** Country **USA**

Zip **34761** Country

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

NICKENS, DAN A ESQ.
1227 MARSHALL FARMS ROAD
OCFEE FL 34761

Name
Street Address (P.O. Box Number is Not Acceptable)
215 CAPITOL CT
City **OCFEE** FL **34761**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Dan Nickens*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-8-03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **NICKENS, DAN A**
STREET ADDRESS **137 DOWN COURT**
CITY-ST-ZIP **WINDERMERE FL 34786**

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

TITLE **DIRECTOR** ☐ Delete
NAME **ANN NICKENS**
STREET ADDRESS **137 DOWN CT**
CITY-ST-ZIP **WINDERMERE FL 34786**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Dan Nickens*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-03
Date

407-827-0827
Daytime Phone #

CR2E034 (10/02)