

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000068368

1. Entity Name

AURORA INFORMATION SYSTEMS, INC.

**FILED**  
Feb 13, 2001 8:00 am  
Secretary of State

02-13-2001 90063 039 \*\*\*150.00

Principal Place of Business

8617 E COLONIAL DR  
SUITE 1500  
ORLANDO FL 32817  
US

Mailing Address

P O BOX 721241  
ORLANDO FL 32872-1241  
US

919962



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3395757

Applied For

Not Applicable

Zip

Country

Zip

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

MARSH, DONALD A JR.

417 BLUE JACKET LANE

ORLANDO FL 32825

1900 S. MAGNOLIA

SANFORD, FL

32771

Name

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

City

FL

Zip Code

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

*Donald A. Marsh Jr.*  
Signature, typed or printed name of registered agent and title if applicable.

*Donald A. Marsh Jr., President*  
(NOTE: Registered Agent signature required when reinstating)

*1-3-2001*  
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 PDCT  
NAME MARSH, DONALD A JR  
STREET ADDRESS 417 BLUE JACKET LANE  
CITY-ST-ZIP ORLANDO FL 32825 ☐ Delete

TITLE  
NAME  
STREET ADDRESS 1900 S. MAGNOLIA  
CITY-ST-ZIP SANFORD, FL 32771 ☒ Change ☐ Addition

TITLE CEO  
NAME MARSH, HEIDI A  
STREET ADDRESS 417 BLUE JACKET LN  
CITY-ST-ZIP ORLANDO FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS 1900 S. MAGNOLIA  
CITY-ST-ZIP SANFORD, FL 32771 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

*Heidi A. Marsh*, CEO  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1-3-2001*  
Date

*407-282-7551*  
Daytime Phone #

CR2E034 (10/00)