

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90184 001 *****8.75
 05-20-2002 90184 002 ***150.00

DOCUMENT # P96000068368

1. Entity Name
AURORA INFORMATION SYSTEMS, INC.

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

2. Principal Place of Business

307 W. 1ST ST.
 Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 1175
 Suite, Apt. #, etc.

City & State
 SANFORD FL

Zip 32771 **Country** US

City & State
 SANFORD FL

Zip 32772-1175 **Country** US

4. FEI Number 59-3395757

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

MARSH, DONALD A JR.
 1900 S MAGNOLIA
 SANFORD FL 32771

7. Name and Address of New Registered Agent

Name HEIDI D. MARSH
Street Address (P.O. Box Number is Not Acceptable)
 1900 S. MAGNOLIA AVE
City SANFORD **FL** **Zip Code** 32771

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. President Heidi D. Marsh CEO 3/20/2002
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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE	PDCT	<input type="checkbox"/> Delete
NAME	MARSH, DONALD A JR	
STREET ADDRESS	1900 S AMGNOLIA	
CITY-ST-ZIP	SANFORD FL 32771	
TITLE	CEOD	<input type="checkbox"/> Delete
NAME	MARSH, HEIDI A	
STREET ADDRESS	1900 S AMGNOLIA	
CITY-ST-ZIP	SANFORD FL 32771	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1900 S. MAGNOLIA	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1900 S. Magnolia	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Heidi D. Marsh 3/20/02 407-708-1040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)