

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90607 020 ***150.00

DOCUMENT # P96000081684

1. Entity Name
SYSTEMATIC SERVICES, INC. - EAST COAST DIVISION

Principal Place of Business
1817 MACEDO BLVD
PORT ST. LUCIE FL 34983
US

Mailing Address
1817 SW MACEDO BLVD
PORT ST. LUCIE FL 34983
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **NOT APPLICABLE**

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

DRING, RICK
6447 33RD STREET
SARASOTA FL 34243

Name **ANTHONY J. CROCCO JR**
 Street Address (P.O. Box Number is Not Acceptable)
1817 SW MACEDO BLVD
 City **PORT ST LUCIE FL 34983**

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 **ANTHONY J CROCCO JR**
 Signature, typed or printed name of registered agent and title if applicable.

(If O.E. Registered Agent Signature required when reinstating)

4/22/02
 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 Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	DRING, RICK	
STREET ADDRESS	6447 33RD STREET EAST	
CITY-ST-ZIP	SARASOTA FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	CROCCO, ANTHONY J.	
STREET ADDRESS	1817 SW MACEDO BLVD	
CITY-ST-ZIP	PORT ST LUCIE FL	
TITLE		<input type="checkbox"/> Delete
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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

ANTHONY J. CROCCO JR

4/22/02

561 343-0327

Date

Daytime Phone #

CR2E034 (9/01)