

2002 UNIFORM BUSINESS REPORT (UBR)

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

05-12-2002 90600 040 ***150.00

DOCUMENT # P96000098565

1. Entity Name
QUALIGENT SYSTEMS, INC.

Principal Place of Business
220 EAST MADISON STREET # 740
TAMPA FL 33602

Mailing Address
220 EAST MADISON STREET # 740
TAMPA FL 33602

2. Principal Place of Business

1111 N. Westshore Blvd

Suite, Apt. #, etc.

Suite 115

City & State
Tampa FL

Zip Country
33607 USA

3. Mailing Address

1111 N. Westshore Blvd

Suite, Apt. #, etc.

Suite 115

City & State
Tampa FL

Zip Country
33607 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3417952

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

GICKER, RODNEY C
5418 19TH AVE N.
ST PETERSBURG FL 33710

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/23/2002

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **GRUBBS, ANDREW D.A.**
 CITY-ST-ZIP **1527 SCOTCH PINE DRIVE**
BRANDON FL 33511

TITLE ☐ Delete
 NAME **V**
 STREET ADDRESS **GICKER, RODNEY C**
 CITY-ST-ZIP **5418 19TH AVENUE NORTH**
ST PETERSBURG FL 33710

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
 NAME
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TITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/2002

Date

8132070400

Daytime Phone #

CR2E034 (9/01)