2001 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 13, 2001 8:00 am DOCUMENT # **P97000002282** Secretary of State 1. Entity Name PALMYRA SYSTEMS, INC. 03-13-2001 90073 002 ***150.00 Principal Place of Business Mailing Address 3830 CROWN POINT ROAD 3830 CROWN POINT ROAD JACKSONVILLE FL 32257 JACKSONVILLE FL 32257 2. Principal Place of Business 3. Mailing Address 4801 Socret HARbor DR. 4801 SECRET HARbOK DR Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3422351 TACKSONVILLE TACKSONVIllE Not Applicable Country DUVA \$8.75 Additional - ~ 5. Certificate of Status Desired DUVA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KENNER, PERRY 3830 CROWN POINT ROAD, STE E3 JACKSONVILLE FL 32257 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition ☐ Delete TITLE TITLE KENNEZ, PERRY KENNER, PERRY NAME NAME 4901 SECRET HARbOL DE. 3830 CROWN POINT ROAD, STE E3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVINE FL 32257 CITY-ST-7IP JACKSONVILLE FL 32257 ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP-☐ Addition TITLE Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP [7] Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME ---STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE [Change Addition TITL F ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 appliess, with all other like empowered. SIGNATURE: