

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000004389

1. Entity Name

PROGRAMMATIC SYSTEMS INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90029 028 ***150.00

Principal Place of Business

8524 SUMMERVILLE PLACE
ORLANDO FL 32819

Mailing Address

8524 SUMMERVILLE PLACE
ORLANDO FL 32819

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3307562**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NURSE, RODERICK D
8524 SUMMERVILLE PLACE
ORLANDO FL 32819

7. Name and Address of New Registered Agent

Name

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

City

State

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 the filer (applicable)

(NOTE: Registered Agent signature required when reappointing)

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

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D NURSE, RODERICK D 8524 SUMMERVILLE PLACE ORLANDO FL 32819	☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '11

TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition
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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: *Roderick Nurse*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)