

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000008736

1. Entity Name

PANGAEA SYSTEMS INCORPORATED

FILED

Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90072 015 ***150.00

Principal Place of Business

Mailing Address

2870 HARPER ROAD
MELBOURNE FL 32904

2870 HARPER ROAD
MELBOURNE FL 32901-2626

2. Principal Place of Business

1333 Gateway Drive

3. Mailing Address

P.O. Box 33105

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 1019-D

City & State

FL

City & State

Indianalantic FL

Zip
32901

Country

USA

Zip

32903-0105

Country

USA

4. FEI Number

59-3439188

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

SOPER, RICHARD D
2870 HARPER ROAD
MELBOURNE FL 32904

Name

Soper, Richard

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

1333 Gateway DRIVE, Suite 1019-D

City

Melbourne

FL

Zip Code

32901

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

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, 2000 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	D	<input type="checkbox"/> Delete
NAME	SOPER, RICHARD L	
STREET ADDRESS	5 SINCLAIR CIRCLE	
CITY-ST-ZIP	INDIANALTC FL 32903	
TITLE	D	<input type="checkbox"/> Delete
NAME	SOPER, ROBERT A	
STREET ADDRESS	7529 CRESTED BUTTE DR.	
CITY-ST-ZIP	PLANO TX 75025	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Soper, Richard L	
STREET ADDRESS	5 Sinclair Circle	
CITY-ST-ZIP	Indianalantic, FL 32903	
TITLE	SM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Figueroa, Maribel	
STREET ADDRESS	5 Sinclair Circle	
CITY-ST-ZIP	Indianalantic, FL 32903	
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		
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:

Richard Soper
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/00
Date

321.952.2589
Daytime Phone #

CR2E034 (9/99)