## 2002 UNIFORM BUSINESS REPORT (UBR)

## Apr 30, 2002 8:00 am Secretary of State P97000009845 DOCUMENT # 1. Entity Name 04-30-2002 90114 045 \*\*\*158.75 PANDION SYSTEMS, INC. Principal Place of Business Mailing Address 6216 NW 43RD STREET 5200 NW 43 ST STE A SUITE 102-314 GAINESVILLE FL 32606-4482 GAINESVILLE FL 32653 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3429736 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent twman **NEWMAN, CHRISTIAN** P.O. Box Number is Not Acceptable) 5001 NW 62ND COURT NW 131 Place GAINESVILLE FL 32653 is this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named SIGNATURE ired when reinstating) 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, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition ☐ Delete TITLE NEWMAN, CHRISTIAN NAME NAME 5001 NW 62ND COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP GAINESVILLE FL 32653 CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME EVERITT, DAVID NAME STREET ADDRESS STREET ADDRESS 10146 SW 52ND RD CITY-ST-ZIP \_ GAINESVILLE FL 32608 CITY-ST-ZIP. ☐ Addition Delete ■ Delete TITLE TITLE NAME NAME EVERITT, LYNDA STREET ADDRESS STREET ADDRESS 10146 SW 52ND RD CITY-ST-ZIP CITY-ST-ZIP GAINESVILLE FL 32607 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME NEWMAN, DENIS STREET ADDRESS STREET ADDRESS 3839 N.W. 67TH PLACE CITY-ST-ZIP GAINESVILLE FL 32653 CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NEWMAN, JODIE NAME STREET ADDRESS 5001 NW 62ND COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP GAINESVILLE FL 326Q8 ☐ Change Addition Delete THTLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

13. I hereby certify that the information supplied with this fing 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 true be impowered 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 TIPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

.4/16/6 2 (35-2) 373-4744

Date Daytime Phone #

FILED