2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

P97000015830 **DOCUMENT #**

1. Entity Name

CARTRIDGE SYSTEMS INTERNATIONAL, INC.



May 05, 2003 8:00 am & Secretary of State

05-05-2003 90142 025 ***150.00

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Principal Place of Business 2152 KARAN WAY SUITE O CLEARWATER F: 34623-2412		Mailing Address 2152 KARAN WAY SUITE O CLEARWATER F; 34623-2412						
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State		City & State		4. 1	FEI Number 59-3503773	503773 Applied Fo		7
Zip	Country	Žip	Country	5. (Certificate of Status Desired	\$8.75 Ad	ditional	1
	6. Name and Address of Current	Registered Agent		7. [Name and Address of New Registered			1
	Name							
	JAMES H S		Street Addres	Street Address (P.O. Box Number is Not Acceptable)			1	
4344 SANDDOLLAR COURT NEW PORT RICHEY FL 34652								1
NEW PUR	RI HICHET PL 34052							1
			City		FL	Zip Cod	ie .	1
.8. The above the obligat	e named entity subprite this etatement for tions of registered ligent	the purpose of changing its r	registered office or regis	stered ag	ent, or both, in the State of Florida. I am	familiar with,	and accept	
SIGNATURE	Signalure, typed or winted name of registered agent a	nd title if applicable. (NOTE:	Registered Agent signature requ	uired when re	H-Z5 pinstating) DATE	-03	>	
Afte	r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of	State			Election Campaign Financing Trust Fund Contribution.		00 May Be d to Fees	1
10.	OFFICERS AND DIRECTORS		11.	AD	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			1
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ONDASH, JOHN M 2152 KARAN WAY SUITE O CLEARWATER FL 34623-2412	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	00/01/100
TITLE NAME STREET ADDRESS	James A. M. Colon	☐ Delete	TITLE NAME STREET ADDRESS	··-		☐ Change	Addition	200
CITY-ST-ZIP			CITY-ST-ZIP				•	
TITLE		☐ Delete	TITLE NAME		-	Change	Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS GITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	1
UIT-01-4F	J		GITT-ST-ZIF					1

12. 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 accurate this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the receiver or trustee empower changed, or on an attachment with an address with

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

NAME STREET ADDRESS

SIGNATURE:

TITLE

NAME

STREET ADDRESS

STREET ADDRESS CITY-ST-7IP

CITY-ST-ZIP

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

Delete

☐ Change

☐ Addition

Addition