FILED

## **2001 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

## May 11, 2001 8:00 am Secretary of State DOCUMENT # P97000030955 SYS-TECH CABLING INC. 5-11-2001 90079 018 \*\*\*150.00 Principal Place of Business Mailing Address 491 RALEIGH ROAD SE 491 RALEIGH ROAD SE PALM BAY FL 32909 PALM BAY FL 32909 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc: -Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE. City & State Applied For City & State 4. FEI Number 59-3446686 Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WOODS, TIMOTHY 7-1 RALE 16H 491 RALEIGH ROAD SE PALM BAY FL 32909 <u>32909</u> 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so-Aller MAY 1, 2001 Fee will be \$550.00 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 11. OFFICERS AND DIRECTORS TITLE **KX**Delete TITLE Change WOODS, TIMOTHY NAME NAME STREET ADDRESS 491 RALEIGH ROAD SE STREET ADDRESS CITY-ST-ZIP PALM BAY FL 32909 CITY-ST-ZIP XX Delete ☐ Change TITLE TITLE ☐ Addition WILSON, KEVIN NAME NAME STREET ADDRESS 491 RALEIGH ROAD SE STREET ADDRESS CITY-ST-ZIP PALM BAY FL 32909 CITY-ST-ZIP XXDelete TITLE **XX**Change ☐ Addition TITLE SECRETARY WOODS, TIMOTHY NAME NAME DOREEN GRIFFITH STREET ADDRESS 491 RALEIGH ROAD SE STREET ADDRESS 491 RALEIGH ROAD SE CITY-ST-ZIP PALM BAY FL 32909 CITY-ST-ZIP PALM BAY, FL. 32909 TITLE ☐ Delete TITLE **XX**Change ☐ Addition PRESIDENT DALY, KEITH NAME NAME KEITH E DALY SR STREET ADDRESS 491 RALEIGH ROAD SE STREET ADDRESS #91 RALEIGH ROAD SE CITY-ST-ZIP CITY-ST-ZIP PALM BAY FL 32909 -THTLE Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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.

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR