

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000047309

1. Entity Name

VOISYS SYSTEMS CORPORATION

**FILED**  
**Mar 20, 2001 8:00 am**  
**Secretary of State**

03-20-2001 90118 001 \*\*\*300.00

0525482

Principal Place of Business 611 DRUID ROAD SUITE 704 CLEARWATER FL 34616	Mailing Address 611 DRUID ROAD SUITE 704 CLEARWATER FL 34616
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65688



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. <b>Suite 403</b> City & State	3. Mailing Address Suite, Apt. #, etc. <b>Suite 403</b> City & State
Zip	Country

4. FEI Number <b>59-3451228</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>TINGIRIDES, STAVROS ESQ. 2469 ENTERPRISE RD. STE B CLEARWATER FL 33763</b>
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>
DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution, <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CS SPIRIDELLIS, NICK 2717 SEVILLE BLVD/#16108 CLEARWATER FL 34624 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SNIDER, PAUL 2717 SEVILLE BLVD APT 11304 CLEARWATER FL 34624 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SHOALS, ROBERT "BOB" M 2717 SEVILLE BLVD APT 11304 CLEARWATER FL 34624 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP URSAMANND, LINDA 2717 SEVILLE BLVD APT 16205 CLEARWATER FL 34624 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Chairman, Secretary</b> <b>Nikolaos Spiridellis</b> <b>3064 Tanglewood Drive</b> <b>Clearwater FL 33761</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President, Secretary</b> <b>Paul Snider</b> <b>1273 Rose Road</b> <b>Safety Harbor FL 337150</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:	Date	Daytime Phone # <b>727-448-0808</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>Paul Snider</b>		

CR2E034 (10/00)