

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000052168

1. Entity Name
PASSERES SYSTEMS, INC.

Principal Place of Business
12472 LAKE UNDERHILL RD., STE. 201
ORLANDO FL 32828

Mailing Address
12472 LAKE UNDERHILL RD., STE. 201
ORLANDO FL 32828

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3514689

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

GRAHAM, ANTERRO
12472 LAKE UNDERHILL RD., STE. 201
ORLANDO FL 32828

Name WALTER SANDERS
Street Address (P.O. Box Number is Not Acceptable) 3355 BEARSS AVE.
City TAMPA FL Zip Code 33618

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 9/11/01

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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
NAME CHARLES, ALEX
STREET ADDRESS 813 E. BLOOMINGDALE AVE
CITY-ST-ZIP BRANDON FL 33511 ☒ Delete

TITLE DIRECTOR
NAME TOBY GUINN ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE DIRECTOR
NAME MONIZ, CESAR
STREET ADDRESS 524 LUCERNE AVE
CITY-ST-ZIP TAMPA, FL 33606 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE DIRECTOR
NAME NICHOLSON, HILTON
STREET ADDRESS 9827 LAVONDA ST
CITY-ST-ZIP RIVERVIEW, FL 33569 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 9/11/01

DAY/TIME PHONE # 813-390-8740

FILED
Sep 18, 2001 8:00 am
Secretary of State

09-18-2001 90012 049 ***550.00

979451



DO NOT WRITE IN THIS SPACE

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