2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P97000052168

Entity Name: PASSERES SYSTEMS, INC.

(X) Delete

NICHOLSON, HILTON

RIVERVIEW, FL 33569

9827 LAVANDA ST

Title:

Name:

Address: City-St-Zip: FILED Apr 30, 2002 8:00 AM Secretary of State

Current Principal Place of Business: New Principal Place of Business: 12472 LAKE UNDERHILL RD., STE. 201 12472 LAKE UNDERHILL RD. ORLANDO, FL 32828 SUITE 201 ORLANDO, FL 32828 **Current Mailing Address: New Mailing Address:** 12472 LAKE UNDERHILL RD. 12472 LAKE UNDERHILL RD., STE. 201 SUITE 201 ORLANDO, FL 32828 ORLANDO, FL 32828 FEI Number: 59-3514689 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SANDERS, WALTER 3355 BEARSS AVENUE TAMPA, FL 33618 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: Electronic Signature of Registered Agent Date This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X). Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition GUINN, TOBY GRAHAM, ANTERRO A Name: Name: 12472 LAKE UNDERHILL RD., STE 201 12472 LAKE UNDERHILL RD., STE 201 Address: Address: City-St-Zip: ORLANDO, FL 32828 City-St-Zip: ORLANDO, FL 32828 Title: Title: () Delete (X) Change () Addition CHARLES, ALEX Name: MONIZ, CESAR Name: **524 LUCERNE AVENUE** 11705 BOYETTE RD, SUITE 403 Address: Address: TAMPA, FL 33606 RIVERVIEW, FL 33569 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: ANTERRO GRAHAM O 04/30/2002

() Change () Addition