

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90633 028 ***158.75

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DOCUMENT # P97000059023

1. Entity Name

APPLIED SYSTEMS INTEGRATOR, INC.

Principal Place of Business

**5130 COMMERCIAL DR
STE H
MELBOURNE FL 32940**

Mailing Address

**5130 COMMERCIAL DR
STE H
MELBOURNE FL 32940
US**

00000773



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

739 North Drive

3. Mailing Address

P.O. Box 411471

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite B

City & State

Melbourne, Florida

City & State

Melbourne, Florida

4. FEI Number

59-3464264

Applied For

Not Applicable

Zip

Country

32934 Florida

U.S.A.

Zip

Country

32941-1471

U.S.A.

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

**HAY, KANITHA
4444 LONG LAKE RD
MELBOURNE FL 32934**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 **Kanitha Hay Kanitha Hay, President**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/21/02

DATE

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 \$150.00
After May 1, 2002 Fee will be \$550.00
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 **P** ☐ Delete
NAME **HAY, KANITHA**
STREET ADDRESS **4444 LONG LAKE RD**
CITY-ST-ZIP **MELBOURNE FL 32934**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/02
Date

(321) 259-6106
Daytime Phone #

CR2E034 (9/01)