

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P98000028863

FILED
Sep 21, 2002
Secretary of State

Entity Name: QX SYSTEMS, INC.

Current Principal Place of Business:

26189 CONSTANTINE ROAD
PUNTA GORDA, FL 33983

New Principal Place of Business:

1523 MCGREGOR RESERVE DR
FORT MYERS, FL 33901

Current Mailing Address:

26189 CONSTANTINE ROAD
PUNTA GORDA, FL 33983

New Mailing Address:

1523 MCGREGOR RESERVE DR
FORT MYERS, FL 33901

FEI Number: 65-0826869

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHOLIN, CHRISTIAN N
505 S. FLAGLER DR., STE. 1001
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

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 ().

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: KARLSTEDT, JOHAN M
Address: 6747 SW LIVE OAK LANE
City-St-Zip: STUART, FL 34997

Title: D () Delete
Name: KARLSTEDT, MAGNUS H
Address: 6747 SW LIVE OAK LANE
City-St-Zip: STUART, FL 34997

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: KARLSTEDT, JOHAN M
Address: 1523 MCGREGOR RESERVE DR
City-St-Zip: FORT MYERS, FL 33901

Title: D (X) Change () Addition
Name: KARLSTEDT, MAGNUS H
Address: 1492 PULAKSI ST
City-St-Zip: PORT CHARLOTTE, FL 33954

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.

SIGNATURE: JOHAN M KARLSTEDT

D

09/21/2002

Electronic Signature of Signing Officer or Director

Date