

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 14, 2002 8:00 am**  
**Secretary of State**

05-14-2002 90355 035 \*\*\*150.00

DOCUMENT # P980000 40117

1. Entity Name

LOUIEVILLE SYSTEMS INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

4468 WORTHINGTON CIR.

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

PALM HARBOR FL.

City & State

4. FEI Number

56-2015973

Applied For

Not Applicable

Zip

34685

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name BRIAN HERLIHY

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

4468 WORTHINGTON CIRCLE

City PALM HARBOR

FL

Zip Code 34685

**DO NOT WRITE  
IN THIS SPACE**

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

Brian Herlihy

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

(NOTE: Registered Agent signature required when reinstating)

4/16/2002

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.  
(See criteria on back) ☒

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$8125

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

TITLE BRIAN HERLIHY P/T/D/S  
NAME  
STREET ADDRESS 4468 WORTHINGTON CIR.  
CITY-ST-ZIP PALM HARBOR FL 34685

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Brian Herlihy BRIAN HERLIHY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/2002

DATE

Daytime Phone #

727 7896828

CR2E034B (12/01)