

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90122 048 ***150.00

DOCUMENT # P98000043501

1. Entity Name
CONTEMPORARY SYSTEMS, INC.

Principal Place of Business

321 MAGNOLIA AVE
MERRITT ISLAND FL 32952

Mailing Address

321 MAGNOLIA AVE
MERRITT ISLAND FL 32952

2. Principal Place of Business

1050 KEYES AVE.

3. Mailing Address

P.O. BOX 540183

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WINTER PARK, FL

City & State

MERRITT ISLAND, FL

Zip

Country

32789

Zip

Country

32954 -0183

BREVARD

4. FEI Number

59-3436141

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GURLEY, THEODORE B
321 MAGNOLIA AVE
MERRITT ISLAND FL 32952

7. Name and Address of New Registered Agent

Name

THEODORE B. GURLEY

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

1050 KEYES AVE.

City

WINTER PARK

FL

Zip Code

32789

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

Theodore B. Gurley

THEODORE B. GURLEY, PRESIDENT

01-16-01

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, 2001 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

TITLE P
NAME GURLEY, THEODORE B
STREET ADDRESS 1050 KEYES AVE
CITY-ST-ZIP WINTER PARK FL 32789 ☐ Delete

TITLE S
NAME GURLEY, CAMELLIA
STREET ADDRESS 1050 KEYES AVE
CITY-ST-ZIP WINTER PARK FL 32789 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

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

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

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

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

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

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:

Theodore B. Gurley
THEODORE B. GURLEY, PRESIDENT

01-16-01 (407) 718-1932

Date

Daytime Phone #

CR2E034 (10/00)