2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an

SIGNATURE AND TYPED OF

SIGNATURE:

FILED Apr 11, 2000 8:00 am Secretary of State DOCUMENT # **P98000082235** 1. Entity Name SYSPRO CONSULTING GROUP INC. 04-11-2000 90240 024 ***150.00 Principal Place of Business Mailing Address 4307 NORTH A ST. 4307 NORTH A ST. STE F STF F TAMPA FL 33624-3426 TAMPA FL 33609 2. Principal Place of Business 3. Mailing Address Clubride Dr 13614 Clubride 1 Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. EEJ Number 59-3541449 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name anc BRANDT, MICHAEL D Street Address (P.O. Box Number is Not Acceptable) 4307 NORTH A ST. 3614 Clubside STE F TAMPA FL 33609 City 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 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. OFFICERS AND DIRECTORS PS VT Michael Brandt CR2E034 (9/99 ☐ Delete Addition TITI F BRANDT, MICHAEL D NAME NAME 13614 Clubride Dr STREET ADDRESS STREET ADDRESS 4307 NORTH A ST. CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33609** Tampa, F1 33624 TITLE ☐ Change Addition TITLE Delete KOVACS, TIM NAME NAME STREET ADDRESS 4519 GENTRICE DR. STREET ADDRESS CITY-ST-7IP CITY - ST-ZIP VALRICO FL 33594 ☐ Change ☐ Addition TITLE TITLE □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP 13. Thereby 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.