

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000083369

1. Entity Name

SYSTEMS TECHNOLOGIES, INC.

FILED
Jun 05, 2000 8:00 am
Secretary of State

06-05-2000 90038 045 ***550.00

Principal Place of Business

Mailing Address

PHILLIPS HWY., SUITE 10
JACKSONVILLE FL 32256

9456 PHILLIPS HWY., SUITE 10
JACKSONVILLE FL 32256

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3534788

Applied For

Not Applicable

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

BYROM, CHARLES
2974 LANTANA LAKES DRIVE E.
JACKSONVILLE FL 32246

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

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

(NOTE: Registered Agent signature required when reinstating)

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, 2000 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 CORBETT, CHRISTOPHER
STREET ADDRESS 11250 CENTER HARBOR RD
CITY-ST-ZIP RESTON VA 20194

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

TITLE ST ☐ Delete
NAME CIOTT, JOSEPH
STREET ADDRESS 4018 COCHRAN RD
CITY-ST-ZIP GAINESVILLE GA 30506

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

TITLE D ☐ Delete
NAME LANDIS, JAMES
STREET ADDRESS 2718 WINDY HILL ROAD
CITY-ST-ZIP ALLENTOWN PA 18103

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

TITLE D ☐ Delete
NAME PUSEY, RON
STREET ADDRESS 7527 HIDDEN LAKE CR
CITY-ST-ZIP MECHANICSVILLE VA 23111

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

TITLE D ☐ Delete
NAME ROSENKOFF, ALLEN
STREET ADDRESS 13917 CRISTO COURT
CITY-ST-ZIP CENTERVILLE VA 20120

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

TITLE V ☐ Delete
NAME BYROM, CHARES
STREET ADDRESS 2974 LANTANA LAKES DRIVE E.
CITY-ST-ZIP JACKSONVILLE FL 32246

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CF2E034 (1/99)