

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90035 021 ***150.00

DOCUMENT # P98000083369

1. Entity Name
SYSTEMS TECHNOLOGIES, INC.

Principal Place of Business
**9456 PHILLIPS HWY., SUITE 10
 JACKSONVILLE FL 32256**

Mailing Address
**9456 PHILLIPS HWY., SUITE 10
 JACKSONVILLE FL 32256**

704000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3534788**

Applied For
 Not Applicable

Zip Country

Zip Country

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 32248**

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 *Charles E. Byrom* DATE 4-25-2001

Signature, typed or printed name of registered agent and title, 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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	CORBETT, CHRISTOPHER	
STREET ADDRESS	11250 CENTER HARBOR RD	
CITY-ST-ZIP	RESTON VA 20194	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	CIOTT, JOSEPH	
STREET ADDRESS	4018 COCHRAN RD	
CITY-ST-ZIP	GAINESVILLE GA 30506	
TITLE	D	<input type="checkbox"/> Delete
NAME	LANDIS, JAMES	
STREET ADDRESS	2718 WINDY HILL ROAD	
CITY-ST-ZIP	ALLENTOWN PA 18103	
TITLE	D	<input type="checkbox"/> Delete
NAME	PUSEY, RON	
STREET ADDRESS	7527 HIDDEN LAKE CR	
CITY-ST-ZIP	MECHANICSVILLE VA 23111	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ROSENKOFF, ALLEN	
STREET ADDRESS	13917 CRISTO COURT	
CITY-ST-ZIP	CENTERVILLE VA 20120	
TITLE	V	<input type="checkbox"/> Delete
NAME	BYROM, CHARES	
STREET ADDRESS	2974 LANTANA LAKES DRIVE E.	
CITY-ST-ZIP	JACKSONVILLE FL 32246	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	v/s	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 an other like empowered.

SIGNATURE: *Charles E. Byrom, V.P.* DATE 4-25-2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E034 (10/00)

0022414