

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P98000083369**

1. Entity Name

**SYSTEMS TECHNOLOGIES, INC.****FILED****May 01, 2001 8:00 am**  
**Secretary of State**

05-01-2001 90035 021 \*\*\*150.00

0022414

Principal Place of Business

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

Mailing Address

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

704080

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)