2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State
05-22-2001 90058 033 ***150.00

DOCUMENT # P99000018040 ✓

1. Entity Name

People Systems, INC.

Principal Place of Business | Mailing Address

1607 CARTER OAKS DR
VALRICO, FL 33594

770771

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
3912 KRISTIN PL		3912 KRISTIN PL	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: VALRICO FL		City & State: VALRICO FL	
Zip: 33594	Country: USA	Zip: 33594	Country: USA

4. FEI Number 593567044 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Campbell, Edward G.
3912 KRISTIN PL
VALRICO, FL 33594

7. Name and Address of New Registered Agent

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] Edward G. Campbell 4-30-01
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	PSD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	CAMPBELL, EDWARD		NAME		
STREET ADDRESS	3912 KRISTIN PL		STREET ADDRESS		
CITY-ST-ZIP	VALRICO, FL 33594		CITY-ST-ZIP		
TITLE	VPTD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	CAMPBELL, LYNANN E.		NAME		
STREET ADDRESS	3912 KRISTIN PL		STREET ADDRESS		
CITY-ST-ZIP	VALRICO, FL 33594		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (11/00)

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] Edward G. Campbell 4-30-01 813-635-0826
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #