


**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 06, 2003 8:00 am**  
**Secretary of State**

02-06-2003 90092 012 \*\*\*150.00

<b>DOCUMENT #</b> P99000024404	
<b>1. Entity Name</b> STRATIS BUSINESS SYSTEMS, INC.	

<b>Principal Place of Business</b> 660 LINTON BOULEVARD #201 DELRAY BEACH FL 33444 US	<b>Mailing Address</b> 660 LINTON BOULEVARD #201 DELRAY BEACH FL 33444 US
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<b>2. Principal Place of Business</b> 2499 Glades Road Suite, Apt. #, etc. 110 City & State Boca Raton, FL Zip 33431 Country Palm Beach	<b>3. Mailing Address</b> 2499 Glades Road Suite, Apt. #, etc. 110 City & State Boca Raton, FL Zip 33431 Country Palm Beach
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☒ CHECK HERE IF MAKING CHANGES

<b>4. FEI Number</b> 65-0903157	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b> KRAUS, JOSEPH F 20784 SONETO DRIVE BOCA RATON FL 33433	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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**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. I am familiar with, and accept the obligations of registered agent.**

SIGNATURE Joseph F Kraus (NOTE: Registered Agent signature required when reinstating) DATE 2/3/03

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2003 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> Trust Fund Contribution.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRAUS, JOSEPH F 20784 SONETO DRIVE BOCA RATON FL 33433 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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**12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** Joseph F Kraus **REQUIRED** 2/3/03 (561) 447-7111  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)