

2000 UNIFORM BUSINESS REPORT (UBR)

8/16/00-90009-019-\$550.00-\$550.00

DOCUMENT # P99000026634

1. Entity Name
SEMINAR SYSTEMS, INC.

Principal Place of Business
TWO HARBOUR PLACE, SUITE 1000
302 KNIGHTS RUN AVENUE
TAMPA FL 33602

Mailing Address
TWO HARBOUR PLACE, SUITE 1000
302 KNIGHTS RUN AVENUE
TAMPA FL 33602

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

59-3573904

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KALOUST, EDWARD
TWO HARBOUR PLACE, SUITE 1000
302 KNIGHTS RUN AVENUE
TAMPA FL 33602

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 Edward Kaloust

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 \$550.00

After SEPTEMBER 13, 2000 Min. will be \$750.00
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 Edward Kaloust, Pres/Treasurer
STREET ADDRESS 302 Knights Run Avenue, #1000
CITY-ST-ZIP Tampa, Florida 33602

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME Melita Campbell, V.Pres/Secretary
STREET ADDRESS 302 Knights Run Avenue, #1000
CITY-ST-ZIP Tampa, Florida 33602

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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 lines empowered.

SIGNATURE: Edward Kaloust

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/31/2000

813 286 3888

Daytime Phone

FILED

00 DEC 20 AM 10:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

DO NOT WRITE IN THIS SPACE

180

CP2E034 (5/00)

KE