

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90206 031 ***150.00

DOCUMENT # P99000034702

1. Entity Name
POFF SYSTEMS, INC.



Principal Place of Business
**610 S. GULFSTREAM TRIAL
ORANGE PARK FL 32073**

Mailing Address
**610 S. GULFSTREAM TRIAL
ORANGE PARK FL 32073**

2. Principal Place of Business
547 Wm Penn St
Suite, Apt. #, etc.

3. Mailing Address
547 Wm Penn St.
Suite, Apt. #, etc.

City & State
Orange Park, FL
Zip
32073 Country
USA

City & State
Orange Park, FL
Zip
32073 Country
USA

4. FEI Number
59-3576158

Applied For
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**POFF, DAVID A
610 S. GULFSTREAM TRIAL
ORANGE PARK FL 32073**

7. Name and Address of New Registered Agent

Name
Poff, Nancy M
Street Address (P.O. Box Number is Not Acceptable)
547 Wm Penn St.
City
Orange Park **FL** **32073**

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 **Nancy M Poff**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/20/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
POFF, DAVID A
610 S. GULFSTREAM TRIAL
ORANGE PARK FL 32073 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
POFF, NANCY M
610 S. GULFSTREAM TRIAL
ORANGE PARK FL 32073 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: **Nancy M Poff**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/03

Date

904-905-5159

Daytime Phone #

CR2E034 (10/02)