

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 15, 2001 8:00 am
Secretary of State**

02-15-2001 90001 032 ***150.00

DOCUMENT # P99000041548

1. Entity Name

NOSYT COMPUTER SERVICES, INC.

Principal Place of Business

**1430 MONTE LAKE DRIVE
VALRICO FL 33594**

Mailing Address

**PO BOX 757
BRANDON FL 33509**

2. Principal Place of Business

1430 Monte Lake Drive

Suite, Apt. #, etc.

3. Mailing Address

PO Box 757

Suite, Apt. #, etc.

City & State

Valrico, FL 33594

City & State

Brandon, FL

Zip

33594

Country

Hillsborough

Zip

33509

Country

Hillsborough

4. FEI Number

59-3574955

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**FREEMAN, FLOYD JR
1430 MONTE LAKE DR
VALRICO FL 33594**

7. Name and Address of New Registered Agent

Name

FLOYD - FREEMAN JR

Street Address (P.O. Box Number is Not Acceptable)

1430 Monte Lake Dr

City

Valrico, FL

FL

Zip Code

33594

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

FLOYD FREEMAN JR**1/10/01**

DATE

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

(NOTE: Registered Agent signature required when reinstating)

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

TITLE	PSTD	<input type="checkbox"/> Delete
NAME	FREEMAN, FLOYD JR	
STREET ADDRESS	1430 MONTE LAKE DR	
CITY-ST-ZIP	VALRICO FL 33594	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 like empowered.

SIGNATURE:

FLOYD FREEMAN JR**2/10/01****813-727-6728**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)