2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P99000054013

1. Entity Name

SYSCONET, INC.



FILED

Jan 17, 2003 8:00 am Secretary of State

01-17-2003 90114 027 ***150.00

Principal Place of Business 1973 CORPORATE SQUARE DRIVE LONGWOOD FL 32760		Mailing Address 1973 CORPORATE SQUARE DRIVE LONGWOOD FL 32760			IZEL ERIUL EKRUZ ER	i i 11 1886 Hull 1 88 1
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FEI Number 59-3592250 Applied For		
Zip	Country	Zip	Country	=5.=Certificate of Status Desired	\$8.75 A	
6. Name and Address of Current Registered Agent			<u> </u>	7 Name and Address of New Portion	Fee Requi	red
KERMALLI, MUHAMMAD			Name	7. Name and Address of New Registered Agent		
8506 AMBER RIDGE COURT SANFORD FL 32771			Street Addre	ess (P.O. Box Number is Not Acceptable)		
8. The above named entity submits this statement for the purpose of changing its rethe obligations of registered agent.			City	FL Zip Code		
After Make Check	Signature, typed or printed name of registered agent of ILE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 to Payable to Florida Department of	State	E: Registered Agent signature red	9. Election Campaign Financing	\$5.0	00 May Be
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AN	ID DIDECTOR	20 10 44
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD KERMALLI, MUHAMMAD ALI 8506 AMBER RIDGE CT SANFORD FL 32771	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDITIONS/OF IANGES TO OFFICERS AP	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
TITLE SAME		Delete_	TITLE		☐ Change	Addition

12. I hereby certify that the information supplied with this Ninc indicated on this report or supplemental report is true at of the corporation or the receiver or trustee empowered to changed, or on an attachment with an address, with all or the corporation or the receiver or trustee.

्याक्षणाहरम् द्वेषणा

pes not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information curate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director state this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP