

# 2000 UNIFORM BUSINESS REPORT (UBR)

4/17/2000 09:15:11 030 \*\*\*150.00

DOCUMENT # P99000064605

Entity Name

STRUCTURED SYSTEMS, INCORPORATED

**FILED**  
**May 04, 2000 8:00 am**  
**Secretary of State**

04-17-2000 90151 030 \*\*\*150.00

Principal Place of Business Mailing Address  
6509 SURFSIDE BLVD. 6509 SURFSIDE BLVD.  
APOLLO BEACH FL 33572 APOLLO BEACH FL 33572-3011

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. EEL Number

59-3591252

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ZACCARI, RUSSELL C  
6509 SURFSIDE BLVD.  
APOLLO BEACH FL 33572

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

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 \$150.00**  
**After MAY 1, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME PRESIDENT & Registered Agent  
RUSSELL C. ZACCARI  
STREET ADDRESS 6509 SURFSIDE BLVD  
CITY-ST-ZIP APOLLO BEACH, FL 33572

TITLE NAME DIRECTOR  
RUSSELL C. ZACCARI  
STREET ADDRESS 6509 SURFSIDE BLVD  
CITY-ST-ZIP APOLLO BEACH FL 33572

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  
STREET ADDRESS  
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TITLE 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #