

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-24-2003 90161 005 ***158.75

0614994 AT

DOCUMENT # P99000068091

1. Entity Name

SYSTEMS ARCHIVING AND COMPLIANCE SERVICES INCORPORATED



Principal Place of Business
**65 WILTON AVENUE SUITE #2
NORWALK CT 06851**

Mailing Address
**65 WILTON AVENUE SUITE #2
NORWALK CT 06851**

2. Principal Place of Business

1923 S.W. 57th Ave.

Suite, Apt. #, etc.

3. Mailing Address

1923 S.W. 57th Ave.

Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

Miami, Florida

City & State

Miami, Florida

Zip

33155

Country

USA

Zip

33155

Country

USA

4. FEI Number **06-1554733**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BUSINESS FILINGS INCORPORATED
1000 WEST AVENUE
NO. 1114
MIAMI BEACH FL 33139-0000**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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	D	<input type="checkbox"/> Delete
NAME	COOLEN, MICHAEL J	
STREET ADDRESS	65 WILTON AVENUE SUITE #2	
CITY-ST-ZIP	NORWALK CT 06851	
TITLE	D	<input type="checkbox"/> Delete
NAME	COOLEN, REBECCA E	
STREET ADDRESS	65 WILTON AVENUE SUITE #2	
CITY-ST-ZIP	NORWALK CT 06851	
TITLE	D	<input type="checkbox"/> Delete
NAME	RICHARDSON, DANA III	
STREET ADDRESS	65 WILTON AVENUE SUITE #2	
CITY-ST-ZIP	NORWALK CT 06851	
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		

11. 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
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Michael J. Coolen 4/20/03 786-388

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # **9431**

CR2E034 (10/02)