

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000084924

1. Entity Name

I PROOF SYSTEMS, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90257 020 ***150.00

954069



DO NOT WRITE IN THIS SPACE

Principal Place of Business
WEST EAU GALLIE BLVD.
SUITE 2
FL 32935

Mailing Address
2401 WEST EAU GALLIE BLVD.
SUITE 2
MELBOURNE FL 32935-2765

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
SUITE 4

Suite, Apt. #, etc.
SUITE 4

City & State

City & State

4. FEI Number 59-3600382
Applied For
Not Applicable

Zip Country

Zip Country

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

NOHRR, DONALD A
1800 WEST HIBISCUS BLVD.
SUITE 138
MELBOURNE FL 32901

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 _____ (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 D
NAME BIRMINGHAM, EDWARD L
STREET ADDRESS 2401 WEST EAU GALLIE BLVD. SUITE 2
CITY-ST-ZIP MELBOURNE FL 32935

TITLE
NAME
STREET ADDRESS SUITE 4
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

Edward L. Birmingham, III
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-25-00 321-254-4401

CR2E034 (9/99)