

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 03, 2000 8:00 am
Secretary of State
 08-03-2000 90092 009 ***150.00

DOCUMENT # P99000098795

1. Entity Name
EDISC SYSTEMS, INC.

f

Principal Place of Business
 150 OXFORD RD., STE. #120
 FERN PARK FL 32730

Mailing Address
 150 OXFORD RD., STE. #120
 FERN PARK FL 32730

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ 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

ACCUCON, INC.
150 OXFORD RD., STE. #110
FERN PARK FL 32730

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 \$550.00
After SEPTEMBER 13, 2000. Min. will be \$750.00
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
 STREET ADDRESS
 CITY-ST-ZIP
President
Jim Johnson
1471 Southwind Dr.
Casselberry, FL 32707

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
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 CITY-ST-ZIP

☐ Change

☐ Addition

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:

Jim Johnson
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/25/00
 Date

(407) 260-0500
 Daytime Phone #

CR2E034 (5/00)

eDISC Systems Inc.

Attachment 04 p99000098795
150 Oxford Rd. Ste.#120
Fern Park, Florida 32730
(407)260-0500 -- phone
(407)260-0913 -- FAX
diana@eDISC.net

Department of State
Division of Corporations
REF: Document # P99000098795

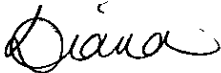
July 25, 2000

To Whom It May Concern:

We never received the first pre-printed form. Enclosed please find our completed "second notice" along with the check for \$150, as advised by Tom in your office.

Thank you for your assistance in this matter.

Sincerely,



Diana M. Evans
eDISC Systems Inc.