

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90354 037 ***150.00

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DOCUMENT # P99000098795

1. Entity Name

EDISC SYSTEMS, INC.

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

231 Live Oak Blvd.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Casselberry, FL

City & State

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

Zip **32707**

Country **US**

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

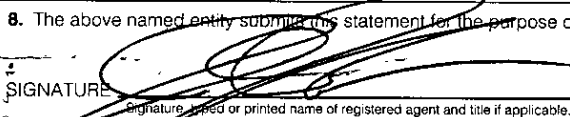
6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **AccuCon Inc.**
 Street Address (P.O. Box Number is Not Acceptable) **231 Live Oak Blvd.**
 City **Casselberry** FL Zip Code **32707**

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

21 April 2002

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, 2002 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

TITLE **P** ☐ Delete
 NAME **JOHNSON, JIM**
 STREET ADDRESS **1411 SOUTHWIND DR**
 CITY-ST-ZIP **CASSELBERRY FL 32707**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 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

21 April 2002

Date

Daytime Phone #

CR2E034 (9/01)