2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 06, 2000 8:00 am
Secretary of State
06-06-2000 90488 004 ***150.00

DOCUMENT # P99000106103

1. Entity Name
ANSystems, Inc.

Principal Place of Business	Mailing Address
4215 Southpoint Blvd Suite 100 Jacksonville, FL 32216	4215 Southpoint Blvd. Suite 100 Jacksonville, FL 32216

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
P. O. Box 551260	P. O. Box 551260
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jacksonville, FL	City & State: Jacksonville, FL
Zip: 32255 Country:	Zip: 32255 Country:

4. FEI Number 59-3612899 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

Michael N. Schneider
100 National Financial Building
4215 Southpoint Blvd.
Jacksonville, FL 32216

7. Name and Address of New Registered Agent

Name: Michael N. Schneider
Street Address (P.O. Box Number is Not Acceptable): 5150 Belfort Road
Building 100
City: Jacksonville FL Zip Code: 32256

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	D	☐ Delete	TITLE	D/P	XX Change ☐ Addition
NAME	Smith, Scott		NAME		
STREET ADDRESS	12875 Firehorn Lane		STREET ADDRESS		
CITY-ST-ZIP	Jacksonville, FL 32216		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	D/V/S/T	XX Change ☐ Addition
NAME	Sweeney, John P.		NAME		
STREET ADDRESS	10135 Gate Parkway, Apt. 313		STREET ADDRESS		
CITY-ST-ZIP	Jacksonville, FL 32246		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: ______________________ John Sweeney
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #