

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 4215 Southpoint Blvd
 Suite 100
 Jacksonville, FL 32216
Mailing Address 4215 Southpoint Blvd.
 Suite 100
 Jacksonville, FL 32216

2. Principal Place of Business P. O. Box 551260
3. Mailing Address P. O. Box 551260
 Suite, Apt. #, etc.

City & State Jacksonville, FL
Zip 32255
Country
City & State Jacksonville, FL
Zip 32255
Country

4. FEI Number 59-3612899
Applied For Not Applicable

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

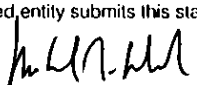
6. Name and Address of Current Registered Agent

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 converting) 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 ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME Smith, Scott
STREET ADDRESS 12875 Firehorn Lane
CITY-ST-ZIP Jacksonville, FL 32216

TITLE D ☐ Delete
NAME Sweeney, John P.
STREET ADDRESS 10135 Gate Parkway, Apt. 313
CITY-ST-ZIP Jacksonville, FL 32246

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D/P ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D/V/S/T ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

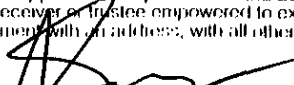
TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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

Date Daytime Phone #