

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000111046

1. Entity Name

SYSTEMS 157, INC.

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90367 041 ***150.00

Principal Place of Business

4460 HODGES BOULEVARD
 SUITE 710
 JACKSONVILLE FL 32224

Mailing Address

4460 HODGES BOULEVARD
 SUITE 710
 JACKSONVILLE FL 32224

2. Principal Place of Business

700 BOARDWALK DRIVE

(Suite, Apt. #, etc.)

722

3. Mailing Address

700 BOARDWALK DRIVE

(Suite, Apt. #, etc.)

722

City & State

PONTE VEDRA BEACH, FL

City & State

PONTE VEDRA BEACH, FL

Zip

32082

Country

ST. JOHNS

Zip

32082

Country

ST. JOHNS

4. FEI Number

59-3615456

Apply for

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134

Name

Street Address (P.O. Box Number is Not Acceptable)

700 BOARDWALK DRIVE

722

City

PONTE VEDRA BEACH

FL

Zip Code

32082

7. Name and Address of New Registered Agent

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 date of appointment

(NOTE: Registered Agent signature required when re-registering)

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, 2001 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	PSTD	☐ Delete
NAME	LYNCH, STEPHEN E	
STREET ADDRESS	4460 HODGES BOULEVARD SUITE 710	
CITY-STATE-ZIP	JACKSONVILLE FL 32224	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-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 #

CR2E034 (10/00)