2000 UNIFORM BUSINESS REPORT (UBR)

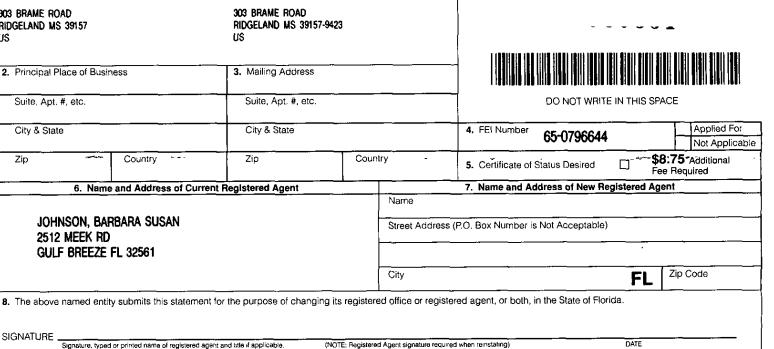
DOCUMENT # \$32879 1. Entity Name SYSTEMSOURCE OF FLORIDA, INC. Principal Place of Business Mailing Address 303 BRAME ROAD 303 BRAME ROAD RIDGELAND MS 39157-9423 RIDGELAND MS 39157 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State

Zip

Apr 17, 2000 8:00 am Secretary of State

04-17-2000 90104 050 ***150.00



| 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. | | | |
|------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-------------------------------------------|---------------------------------------------------|----------------------------------------------------------|------|-----------|------------|
| 11. OFFICERS AND DIRECTORS | | | 12. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P TRAXLER, DAVID 303 BRAME RD RIDGELAND MS | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Ch | nange | ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S LAMB, JEFF 303 BRAME RD RIDGELAND MS | ☐ Delete | TITLE NAME STREET ADDRESS -CITY-ST-ZIP | | | ☐ Ch | nange | ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | □ Delete | TITLE NAME STREET ADDRESS CITY-ST-2IP | | | Ch | ange | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | Ch | nange | ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | □ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | Ch | ange | ☐ Addition |
| TITLE NAME STREET ADORESS CITY-ST-ZIP | , | ☐ Delete | TITLE NAME STREET ADDRESS CITY-S1-ZIP | | | | iange | ☐ Addition |

Country

Name

City

13. I hereby certify that the information supplied with this filling 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 invstee 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 air address, with all other like empowered.

SIGNATURE:

City & State

Country

JOHNSON, BARBARA SUSAN

GULF BREEZE FL 32561

2512 MEEK RD

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable

Zip

SIGNATURE

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR