

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 29, 2002 8:00 am**  
**Secretary of State**

01-29-2002 90028 011 \*\*\*150.00

B0011990



DO NOT WRITE IN THIS SPACE

**DOCUMENT # S54472**

1. Entity Name  
**FBS BUSINESS SYSTEMS CORPORATION**

Principal Place of Business: **5430 W. CRENSHAW TAMPA FL 33634**  
 Mailing Address: **PO BOX 15365 TAMPA FL 33684**

2. Principal Place of Business: Suite, Apt. #, etc.  
 3. Mailing Address: Suite, Apt. #, etc.

City & State: \_\_\_\_\_ City & State: \_\_\_\_\_

Zip: \_\_\_\_\_ Country: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

4. FEI Number: **59-3071291**  
 Applied For:  Not Applicable

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

6. Name and Address of Current Registered Agent  
~~CHATTERTON, RICHARD M.~~  
~~5430 W. CRENSHAW~~  
~~TAMPA FL 33634~~

7. Name and Address of New Registered Agent  
 Name: **Michael L. Kruck**  
 Street Address (P.O. Box Number is Not Acceptable): ~~PO Box 15365~~  
**5430 W. Crenshaw St.**  
 City: **Tampa** FL Zip Code: **33634**

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: **Michael L. Kruck** DATE: **1/10/02**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  **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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: <b>CP</b>	<input type="checkbox"/> Delete	TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>CHATTERTON, RICHARD M.</b>		NAME: _____	
STREET ADDRESS: <b>15402 N FLA AVE</b>		STREET ADDRESS: _____	
CITY-ST-ZIP: <b>TAMPA FL 33613</b>		CITY-ST-ZIP: _____	
TITLE: <b>VP</b>	<input type="checkbox"/> Delete	TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>KRUCK, MICHAEL L</b>		NAME: _____	
STREET ADDRESS: <b>4623 TAMNEY LANE</b>		STREET ADDRESS: _____	
CITY-ST-ZIP: <b>LAND O'LAKES FL 34639</b>		CITY-ST-ZIP: _____	
TITLE: <b>S</b>	<input type="checkbox"/> Delete	TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>KRUCK, CHRISTINA</b>		NAME: _____	
STREET ADDRESS: <b>4623 TAMNEY LANE</b>		STREET ADDRESS: _____	
CITY-ST-ZIP: <b>LAND O LAKES FL 34639</b>		CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Delete	TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____		NAME: _____	
STREET ADDRESS: _____		STREET ADDRESS: _____	
CITY-ST-ZIP: _____		CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Delete	TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> 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: **Michael L. Kruck** DATE: **1/10/02** (813) 884-0414  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)