2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State
05-22-2002 90124 016 ***150.00

DOCUMENT # V21630

1. Entity Name
COMPSYS, INC.

Principal Place of Business
7705 TECHNOLOGY DR
WEST MELBOURNE FL 32904

Mailing Address
P.O. BOX 879
MELBOURNE FL 32902

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

4. FEI Number 59-3115690 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent
LEWIT, SCOTT M.
7705 TECHNOLOGY DRIVE
WEST MELBOURNE FL 32904

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 _____ DATE
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. (See criteria on back) ☐

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

TITLE	PD	☐ Delete
NAME	LEWIT, SCOTT M.	
STREET ADDRESS	1975 RIVERSHORE DRIVE	
CITY-ST-ZIP	INDIALANTIC FL	
TITLE	TD	☐ Delete
NAME	PETERSON, CLIFFORD A	
STREET ADDRESS	295 SEACREST AVE.	
CITY-ST-ZIP	MELBOURNE BEACH FL 32951	
TITLE	D	☐ Delete
NAME	MANLEY, T. ROGER	
STREET ADDRESS	8535 S. TROPICAL TRAIL	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	
TITLE	VPS	☒ Delete
NAME	HELBING, PATRICIA A	
STREET ADDRESS	9025 YORK LN #11-F	
CITY-ST-ZIP	W MELBOURNE FL	
TITLE	D	☐ Delete
NAME	REICHARD, RONNAL P.	
STREET ADDRESS	788 ACACIA AVE	
CITY-ST-ZIP	MELBOURNE VILLAGE FL	
TITLE	D	☐ Delete
NAME	JOHNSON, KEITH G	
STREET ADDRESS	2835 HIGHWAY A1A NORTH, #704	
CITY-ST-ZIP	INDIALANTIC FL 32903	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

CR2E034 (9/01)

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: X SIGNATURE REQUIRED 4-26-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #