

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 08, 2000 8:00 am
Secretary of State

09-08-2000 90005 005 ***550.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # F92000000705

1. Entity Name
SYSTEMS SOFTWARE STANDARDS, LTD. INCORPORATED

Principal Place of Business
 2387 CT PLAZA DR
 SUITE 200
 VA BEACH VA 23456
 US

Mailing Address
 2387 CT PLAZA DR
 SUITE 200
 VA BEACH VA 23456
 US

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 **54-1303938** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent -
TROCHE, JOSE L
70 BELLAIRE DRIVE
PALM COAST FL 32037

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ **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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 NAME VP MARTIN, ROBERT	STREET ADDRESS 2417 THREE OAKS DR CITY-ST-ZIP VIRGINIA BEACH VA 23456	TITLE NAME CEO CASANOVA, WILLIAM	STREET ADDRESS 2508 ESCORIAL COURT CITY-ST-ZIP VA BEACH, VA
TITLE NAME CEO CASANOVA, WILLIAM	STREET ADDRESS 2508 ESCORIAL CT CITY-ST-ZIP VA BEACH VA	TITLE NAME SECRETARY / TREASURER JOSEPH T. NEY	STREET ADDRESS 4444 BLACKBEARD RD CITY-ST-ZIP VA BEACH, VA
TITLE NAME DST CASANOVA, ALMA	STREET ADDRESS 2508 ESCORIAL CT CITY-ST-ZIP VA BEACH VA	TITLE NAME PRESIDENT CARL ANDERSON	STREET ADDRESS 4604 OCEANFRONT AVE CITY-ST-ZIP VA BEACH, VA
TITLE NAME	STREET ADDRESS	TITLE NAME	STREET ADDRESS
TITLE NAME	STREET ADDRESS	TITLE NAME	STREET ADDRESS
TITLE NAME	STREET ADDRESS	TITLE NAME	STREET ADDRESS

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *William Casanova* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **William Casanova** **Date** **(757) 321-8000** **Daytime Phone #**

CR2E034 (5/00)