

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 12, 2001 8:00 am**  
**Secretary of State**  
 03-12-2001 90492 019 \*\*\*150.00

10/13/01

**DOCUMENT # F95000006000**  
 1. Entity Name  
**PREDICTIVE BUSINESS DECISION SYSTEMS, INCORPORAT**

Principal Place of Business 106 APPLE STREET SUITE 303 TINTON FALLS NJ 07724 US	Mailing Address 106 APPLE STREET SUITE 303 TINTON FALLS NJ 07724 US
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2. Principal Place of Business <i>106 Apple St.</i> Suite, Apt. #, etc. <i>STE. 303</i>	3. Mailing Address <i>106 Apple St.</i> Suite, Apt. #, etc. <i>STE. 303</i>
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City & State <i>Tinton Falls, NJ</i>	City & State <i>Tinton Falls, NJ</i>	4. FEI Number <b>22-3401271</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <i>07724</i>	Country <i>USA</i>	Zip <i>07724</i>	Country <i>USA</i>



DO NOT WRITE IN THIS SPACE

**-6. Name and Address of Current Registered Agent**  
**BANASIAK, RONALD**  
**2715 4TH STREET SW**  
**LEHIGH ACRES FL 33971**

**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, 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>BANASIAK, MICHAEL J</b> <b>261 HARVEY AVENUE</b> <b>LINCROFT NJ 07738</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 empowers.

**SIGNATURE:** *M. Banasiak* **President** *3/9/01*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)