2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2001 8:00 am
Secretary of State
02-26-2001 90497 013 ***150.00

814487

DO NOT WRITE IN THIS SPACE

DOCUMENT # F97000001823

1. Entity Name

DATACOM COMPUTER SERVICES, INC.

Principal Place of Business	Mailing Address
4141 SOUTHPOINT DR. E., STE. 1 JACKSONVILLE FL 32216-0996	4141 SOUTHPOINT DR. E., STE. 1 JACKSONVILLE FL 32216-0996

2. Principal Place of Business	3. Mailing Address
3948 3rd St S Ste 327	3948 3rd St S Ste 327
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jacksonville, FL 32250-5852	City & State: Jacksonville, Fl 32250-5852
Zip: 32250-5852 Country:	Zip: Country:

4. FEI Number: 36-4147404 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	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 ____________________
Signature, typed or printed name of registered agent and title if applicable. (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 $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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDST JOHNSON, DAVID W 4141 SOUTHPOINT DR. E., STE. 1 JACKSONVILLE FL 32216-0996	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 3948 3rd St S Ste 327 Jacksonville, FL 322-505852
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/00)

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: David W. Johnson   David W. Johnson, President   (904) 993-1430
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #