2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 03, 2002 8:00 am Secretary of State DOCUMENT # G09599 1. Entity Name CUSTOM COMPUTER SYSTEMS/SOFTWARE, INC. 05-03-2002 90158 010 ***150.00 Principal Place of Business Mailing Address % PAUL E. STEPHENS, JR. % PAUL E. STEPHENS, JR. 3307 LITTLE JOE COURT 3307 LITTLE JOE COURT APOPKA FL 32712 APOPKA FL 32712 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2238409 Not Applicable Zip Country Zip Country 5.-Certificate of Status Desired-\$8.75 Additional 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent STEPHENS, PAUL E., JR. Street Address (P.O. Box Number is Not Acceptable) 3307 LITTLE JOE COURT APOPKA FL 32712 City 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. SIĞNATURE 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 \$5.00 May Be (See criteria on back) Trust Fund Contribution. Added to Fees Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE. (9/01)Addition NAME STEPHENS, PAUL E JR NAME STREET ADDRESS 3307 LITTLE JOE CT STREET ADDRESS CITY-ST-ZIP apopka fl CITY-ST-ZIP Delete TITLE ☐ Change Addition NAME STEPHENS, SIGNE M. NAME STREET ADDRESS 3307 LITTLE JOE CT. STREET ADDRESS CITY-ST-7IP .: APOPKA FL ----CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Addition

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

NAME

STREET ADDRESS CITY-ST-ZIP

NAME

STREET ADDRESS