2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 596572

City-St-Zip:

Entity Name: ACISS SYSTEMS, INC.

FILED Apr 05, 2002 8:00 AM Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
2419 FLEI UNIT 1	ISCHMANN RO)AD			
	SSEE, FL 3230	08 US			
Current Mailing Address:		New Mailing Address	New Mailing Address:		
2419 FLEI UNIT 1	ISCHMANN RO	DAD			
	SSEE, FL 3230	08 US			
FEI Numbe	r: 59-1922156	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of C	urrent Registered Agent:	Name and Address of	New Registered Agent:	
2708 DEB	Y BASTIAN BUSSY CT SSEE, FL 3230	08 US			
	e named entity s te of Florida.	submits this statement for the	e purpose of changing its registered	office or registered agent, or both,	
SIGNATU	IRE:				
	Electron	ic Signature of Registered A	gent	Date	
•	-	o satisfy its Intangible Tax filing r g Trust Fund Contribution ().	equirement and elects to do so (X).		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title:	PDS ()	Delete			
Name: Address: City-St-Zip:	DULIN, THOMAS 12894 90TH TE SEMINOLE, FL	*	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Name: Address:	DULIN, THOMAS 12894 90TH TE SEMINOLE, FL VTD () BASTIAN, ANTH 2708 DEBUSSY	S H. III, FRR. N. Delete HONY, Y CT	Name: Address: City-St-Zip:	() Change() Addition () Change() Addition	
Name: Address: City-St-Zip: Title: Name: Address:	DULIN, THOMAS 12894 90TH TE SEMINOLE, FL VTD () BASTIAN, ANTH 2708 DEBUSSY TALLAHASSEE,	S H. III, FRR. N. Delete HONY, Y CT	Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: V Name: HARRELL, JU Address: 3647 LAKE S	() Change () Addition () Change (X) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip: TARPON SPRINGS, FL 34689

SIGNATURE: ANTHONY BASTIAN VTD 04/05/2002