

07-03-2003 90035 039 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

80128412

**DOCUMENT # F01000004847**

1. Entity Name  
**STRATEGIC COMPUTER SYSTEMS, INC.**

Principal Place of Business  
 100 WOODETTE DR  
 #502  
 DUNEDIN, FL 34698

Mailing Address  
 100 WOODETTE DR  
 #502  
 DUNEDIN, FL 34698

2. Principal Place of Business  
 State, Apt. #, etc.  
 300 Woodette Dr. #502  
 City & State  
 Dunedin FL

3. Mailing Address  
 State, Apt. #, etc.  
 Same as left  
 City & State

4. FEI Number  
**06-1317976**

5. Certificate of Status Desired  \$5.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**LEE SURMAI C**  
 300 WOODETTE DR  
 #502  
 DUNEDIN, FL 34698

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when requesting)

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	CP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEE, SURMAI C	NAME	
STREET ADDRESS	300 WOODETTE DR #502	STREET ADDRESS	
CITY-ST-ZIP	DUNEDIN, FL 34698	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 199.07(2)(b), 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 registered agent as authorized in accordance with this report as required by Chapter 607, Florida Statutes, and that my name appears in Part 10 or Part 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Surmai C. Lee 6/27/03 727-204-8550  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

CERES34 (10/02)