## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR** F02000002277 **DOCUMENT#** 1. Entity Name SPECIALTY COMPUTERS AND SYSTEMS, INC.

Mailing Address

3. Mailing Address

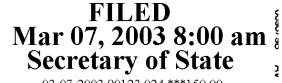
City & State

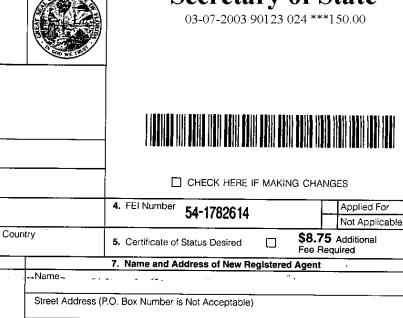
Zip

Suite, Apt. #, etc.

**BOCA RATON FL 33429** 

P.O. BOX 1601





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ö.	The above named entity submits this statement for the purpose of changing its register	red office or registered agent, or both, in the State of Elected	I now formally a subtract to
	and the perpendicular and perp	co office of registered agent, or bottl, in the state of Florida.	i am iaminar with, and accept
	the obligations of registered agent.		•

City

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!!LEEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State

Country

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable

Principal Place of Business

2. Principal Place of Business

D'ALMEIDA, ARTHUR B ESQ

105 E PALMETTO PARK ROAD BOCA RATON FL 33432

**BOCA RATON FL 33431** 

Suite, Apt. #, etc.

City & State

Zip

**SIGNATURE** 

4000 NORTH FEDERAL HIGHWAY, SUITE 200

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Zip Code

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	RS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOCA RATON FL 33431	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCVP PINHEIRO, PAULO 277 NORTH OCEAN BOULEVARD, APT 104 BOCA RATON FL 33432	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PINHEIRO, PAULO 277 NORTH OCEAN BOULEVARD, APT 104 BOCA RATON FL 33432	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PEET, CLARISSA C.B. 933 NE 24TH STREET BOCA RATON FL 33431	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	Addition

12. I hereby certify that the information supplied with this filling 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 10 or Block 11 if changed, or on an attachment with an address, with all other like impowered.

SIGNATURE: