2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Feb 11, 2002 8:00 am F27447 DOCUMENT # **Secretary of State** 1. Entity Name EFFECTIVE COMPUTER SOLUTIONS, INC. 02-11-2002 90040 049 ***150.00 Mailing Address Principal Place of Business PO BOX 57670 8859 SAN JOSE BLVD. JACKSONVILLE FL 32217 JACKSONVILLE FL 32241-7670 3. Mailing Address 2. Principal Place of Business BYOO BAYMEXDOWS WAY DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. JUITE Applied For 4. FEI Number City & State City & State 59-2084091 JACKSONILLE. Not Applicable Country -\$8.75 Additional Zip1 Country 5. Certificate of Status Desired Ü.ς.Α Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Stephen W KING, STEPHEN W. Box Number is Not Acceptable) 8859 SAN JOSE BLVD JACKSONVILLE FL 32217 City JACKSON VILLE 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (9/01 PRESIDENT X Addition TITLE Delete TITLE VAYHINGER, DARRAN A KING, STEPHEN W. NAME NAME 8400 BAYME ADOWS WAY, SUTE 5 8859 SAN JOSE BLVD STREET ADDRESS STREET ADDRESS JACKSON VILLE, FLORIDA JACKSONVILLE FL 32217 CITY-ST-ZIP CITY-ST-ZIP ☐ Change 🔀 Addition TREASURER TITLE ☐ Delete ARNOLD, THOMS A. JR. NAME 8400 BAYME ADOWS WAY, SUITES STREET ADDRESS STREET ADDRESS 30056 JACKSON VILLE, FLORIDA CITY-ST-ZIP CITY-ST-ZIF M Change ☐ Addition ☐ Delete SECRETARY KING STEPHEN W 8400 BAY MENDOWS WHY NAME NAME Sures STREET ADDRESS SHOO BAYMENDOWS WAY STREET ADDRESS 322<u>56</u> CITY-ST-ZIP CITY-ST-7IP Addition ☐ Defete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.

STEPHEN W. KING

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED