FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Apr 12, 2001 8:00 am Secretary of State **DOCUMENT # F64834** ALLIED COMPUTER SYSTEMS, INC. 04-12-2001 90171 039 ***150.00 Principal Place of Business Mailing Address 7672 301 BLVD. 7672 301 BLVD. SARASOTA FL 34243 SARASOTA FL 34243 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number City & State City & State Applied For 59-2140979 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GIGLIOTTI, FRANK Street Address (P.O. Box Number is Not Acceptable) 3104-65TH ST EAST **BRADENTON FL 34208** Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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, 2001 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 11. OFFICERS AND DIRECTORS 12. TITLE ☐ Delete ☐ Change GIGLIOTTI, FRANK NAME NAME 3104 65TH ST EAST STREET ADDRESS STREET ADDRESS **BRANDENTON FL** CITY-ST-ZIP CITY-ST-ZIP LEO E. McGEEHAN Change DAG 2425 GUIFOFMEVILO DA. # 10 F LONGBOAT KEY, FLA 34228 Delete TITLE TITLE SCHMIDT, RICHARD T NAME NAME STREET ADDRESS 4121 51ST DR W STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BRADENTON FL 34310 CAROL J. M. GEEHAN TITLE Delete TITLE SCHMIDT_JUNE-E NAME NAME STREET ADDRESS STREET ADDRESS 4121 51ST DRW SAMEAS AboVE CITY-ST-ZIP CITY-ST-ZIP BRADENTON FL 34310 Change ■ Addition TITLE ☐ Defete TITLE GIGLIOTTI, S R NAME NAME STREET ADDRESS 3104 65TH ST E STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34208** ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

SIGNATURE:

SANTURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-12-01 (941)35+6544

Daytime Phone #