

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2002 8:00 am
Secretary of State

0653349
 SP

DOCUMENT # F64834

1. Entity Name

ALLIED COMPUTER SYSTEMS, INC.

03-11-2002 90065 031 ***150.00

Principal Place of Business

Mailing Address

**7672 301 BLVD.
 SARASOTA FL 34243 ***

**7672 301 BLVD.
 SARASOTA FL 34243**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2140979

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GIGLIOTTI, FRANK
 3104-65TH ST EAST
 BRADENTON FL 34208**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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)

DATE

9. This corporation is eligible to satisfy its intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **P**
 STREET ADDRESS **GIGLIOTTI, FRANK**
 CITY-ST-ZIP **3104 65TH ST EAST
 BRADENTON FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Delete
 NAME **VP**
 STREET ADDRESS **MC GEEHAN, LEO**
 CITY-ST-ZIP **2425 GULF OF MEXICO DR #10F
 LONGBOAT KEY FL 34228**

TITLE ☒ Change ☐ Addition
 NAME **VP**
 STREET ADDRESS **DONC. EVANS**
 CITY-ST-ZIP **628 ST. ANDREWS DRIVE
 SARASOTA, FL 34243**

TITLE ☒ Delete
 NAME **T**
 STREET ADDRESS **MC GEEHAN, CAROL J**
 CITY-ST-ZIP **2425 GULF OF MEXICO DR #10F
 LONGBOAT KEY FL 34228**

TITLE ☒ Change ☐ Addition
 NAME **T**
 STREET ADDRESS **DON EVANS**
 CITY-ST-ZIP **628 ST. ANDREWS DRIVE
 SARASOTA, FL 34243**

TITLE ☒ Delete
 NAME **S**
 STREET ADDRESS **GIGLIOTTI, S R**
 CITY-ST-ZIP **3104 65TH ST E
 BRADENTON FL 34208**

TITLE ☒ Change ☐ Addition
 NAME **S**
 STREET ADDRESS **DON EVANS**
 CITY-ST-ZIP **628 ST. ANDREWS DRIVE
 SARASOTA, FL 34243**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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: Don C. Evans VP DonC. EVANS 2/25/02 941-358-6544

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)