2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # F95000003198 May 01, 2000 8:00 am Secretary of State 4 J COMPUTER SERVICES, INC. 05-01-2000 90491 050 ***150.00 Mailing Address Principal Place of Business 2341 WEKIVA RIDGE ROAD 2341 WEKIVA RIDGE ROAD APOPKA FL 32712-4041 APOPKA FL 32712 US 2. Principal Place of Business 3. Mailing Address 2341 WEKIVA RODGERI DO NOT WRITE IN THIS SPACE Sufte, Apt. #, etc Suite, Apt. #, etc Applied For City & State 4. FEI Number 14-1726616 Not Applicable \$8.75 Additional Country Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name ROSS, WINSTON Street Address (P.O. Box Number is Not Acceptable) 2341 WEKIVA RIDGE ROAD APOPKA FL 32703 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 red 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, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition **PCD** TITLE ☐ Delete TITLE NAME NAME ROSS, WINSTON STREET ADDRESS 2341 WEKIVA RIDGE ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP APOPKA FL ☐ Addition ☐ Change VD. Delete TITLE NAME ROSS, WAYNE NAME STREET ADDRESS 2341 WEKIVA RIDGE ROAD STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP APOPKA FL Change ☐ Addition ☐ Delete TITLE TITLE ROSS, ESTELLA NAME NAME STREET ADDRESS 2341 WEKIVA RIDGE ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP apopka fl Change ☐ Addition ☐ Delete TITLE ROSS, WENDY NAME NAME STREET ADDRESS STREET ADDRESS 2341 WEKIVA RIDGE ROAD CITY-ST-ZIP CITY-ST-ZIP APOPKA FL ☐ Delete TITLE TITLE 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-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.