2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # F9800005046 Mar 04, 2000 8:00 am **Secretary of State** INTERNET COMPUTER SUPPORT SERVICES, INC. 03-04-2000 90034 001 ***158.75 Principal Place of Business Mailing Address 3270 SUNTREE BLVD., SUITE 205 205 SUNTREE BLVD., SUITE 205]____ FL 32940 MELBOURNE FL 32940-7505 2. Principal Place of Business 3. Mailing Address PO BOX 411570 6972 Willow Ct Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State 93-1131628 Melbourne Melbourne, FL Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Scott Wilmont WILMONT, SCOTT Street Address (P.O. Box Number is Not Acceptable) 3270 SUNTREE BLVD., SUITE 205 **MELBOURNE FL 32940** 6972 Willow Ct Melbourne submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named entity SIGNATURE 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 (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. **PSD** V.P. ☐ Delete TITLE Ronald Stafford 560 Hawksbill Island Drive Satellite Beach, FL 32937 WILMONT, SCOTT NAME 6972 WILLOW CT STREET ADDRESS STREET ADORESS **MELBOURNE FL 32940** CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition Delete TITLE TITLE WILMONT, VERONICA NAME 6972 WILLOW CT STREET ADDRESS STREET ADDRESS MELBOURNE FL 32940 CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Delete TITI F Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS

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 distance employment 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.

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