

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 25, 2003 8:00 am**  
**Secretary of State**

02-25-2003 90129 019 \*\*\*150.00

**DOCUMENT # F98000005046**

1. Entity Name

INTERNET COMPUTER SUPPORT SERVICES, INC.



Principal Place of Business

6972 WILLOW CT  
MELBOURNE FL 32940

Mailing Address

#6 #0# #0# #0#  
#6972 WILLOW CT  
#MELBOURNE FL 32940

2. Principal Place of Business

3. Mailing Address

6972 Willow Ct.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Melbourne, FL 32940

4. FEI Number

93-1131628

Applied For

Not Applicable

Zip

Country

Zip

32940

Country

USA

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

WILMONT, SCOTT

6972 WILLOW CT

MELBOURNE FL 32940

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/21/03

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PSD  
WILMONT, SCOTT  
6972 WILLOW CT  
MELBOURNE FL 32940 ☐ Delete

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

TITLE  
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V  
WILMONT, VERONICA  
6972 WILLOW CT  
MELBOURNE FL 32940 ☐ Delete

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/03

Date

407-210-2478

Daytime Phone #

CR2E034 (10/02)