

DOCUMENT # F99000004779

**STRATEGIC COMPUTER SERVICES, INC.**

Mailing Address

824 U.S. HIGHWAY ONE, SUITE 310  
NORTH PALM BEACH FL 33408

### 3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Country

Applied For	
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☒ Not Applicable☒

**\$8.75** Additional  
Fee Required

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

 Delete

 Delete

☐ Delete☐ Delete☐ Delete☐ Delete☐ Change      ☐ Addition

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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:** BY: [Signature], President  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_

Daytime Phone # \_\_\_\_\_

4/24/01

CR2E034 (10/00)

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**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90448 036 \*\*\*158.75