

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # F 9900000 4779

1. Entity Name

STRATEGIC COMPUTER SERVICES, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1015 10TH STREET

Suite, Apt. #, etc.

3. Mailing Address

1015 10TH STREET

Suite, Apt. #, etc.

City & State

LAKE PARK, FL

City & State

LAKE PARK, FL

4. FEI Number

65-0575281

Applied For

Not Applicable

Zip

33403

Country

US

Zip

33403

Country

US

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

RANDALL S. SIMOES

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

1015 10TH STREET

City

LAKE PARK

FL

Zip Code

33403

**DO NOT WRITE
IN THIS SPACE**

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

By: *[Signature]*, pres.

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

(NOTE: Registered Agent signature required when relinquishing)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P, S, T, D
RANDALL S. SIMOES
1015 10TH STREET
LAKE PARK, FL 33403

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

300012964303
02/21/03--01077--012 **158.75

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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 on an attachment with an address, with all other like and signed.

SIGNATURE:

By: *[Signature]*, pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/22/03

gr 2/24

CR2E034B (12/02)

FILED

03 FEB 21 AM 9:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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