2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003
Secretary of State

DOCUMENT# G28280

Entity Name: SOPHISTICATED SYSTEMS, INC.

Current Principal Place of Business:

241 DOUGLAS ROAD E.
STE. 4-5
OLDSMAR, FL 34677

New Principal Place of Business:

14480 62ND STREET NORTH
CLEARWATER, FL 33760

Current Mailing Address:

241 DOUGLAS ROAD E.
STE. 4-5
OLDSMAR, FL 34677

New Mailing Address:

14480 62ND STREET NORTH
CLEARWATER, FL 33760

FEI Number: 59-2270804 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MACDONALD, BETTINA
241 DOUGLAS ROAD E.
STE. 4-5
OLDSMAR, FL 34677 US

Name and Address of New Registered Agent:

MCLEAD, KAREN S
14480 62ND STREET NORTH
CLEARWATER, FL 33760 US

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: KAREN S. MCLEAD 04/18/2003
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: THOMAS, FRED A
Address: 14480 62ND STREET N.
City-St-Zip: CLEARWATER, FL 33760

Title: V ( ) Delete
Name: THOMAS, JOHN C
Address: 14480 62ND STREET N.
City-St-Zip: CLEARWATER, FL 33760

Title: S ( ) Delete
Name: MCLEAD, KAREN S
Address: 14480 62ND STREET N.
City-St-Zip: CLEARWATER, FL 33670

Title: T ( ) Delete
Name: EISCH, JAMES P
Address: 14480 62ND STREET N.
City-St-Zip: CLEARWATER, FL 33670

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KAREN S. MCLEAD S 04/18/2003
Electronic Signature of Signing Officer or Director Date