

2002 *AMENDED*

2004 UNIFORM BUSINESS REPORT (UBR)

APPROVE

AND
FILE

03-26-2002 90097 024 *****50.00

L00000007771

2000

DOCUMENT # L00000007771

1. Entity Name

EFFECTIVE COMPUTER SERVICES, LLC

02 MAY 22 AM 11:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

~~JEFF M. NOVATT, ESQ.~~~~JEFF M. NOVATT, ESQ.~~~~2640 GOLDEN GATE PARKWAY, SUITE 115~~~~2640 GOLDEN GATE PARKWAY, SUITE 115~~~~NAPLES FL 34105~~~~NAPLES FL 34105~~

11607 RANCHETTE RD

2. Principal Place of Business

3. Mailing Address 11607 RANCHETTE RD

9121 Southmonte Cove

9121 Southmonte Cove

Suite, Apt. #, etc.

Suite, Apt. #, etc.

~~#304~~~~#304~~

City & State

City & State

Fort Myers, FL

Fort Myers, FL

Zip 33912

Zip 33912

Country

Country

33908

33908

US

US

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NOVATT, JEFF M. ESQ.

Name SUZANNE O'Kelly

2640 GOLDEN GATE PARKWAY, SUITE 115

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

NAPLES FL 34105

9121 Southmonte Cove, #304

11607 RANCHETTE RD

City Fort Myers

FL

Zip Code 33912

33908

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 28, 2001

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR O'KELLY, SUZANNE 9121 SOUTHMONTE COVE, #304 FORT MYERS FL 33908	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

5/20/02

239-432-3923

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CP2E083 (5/01)