

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L01000015425

FILED  
May 01, 2002 8:00 AM  
Secretary of State

Entity Name: FLORIDA COMPUTER PROJECT SOLUTIONS, LLC

**Current Principal Place of Business:**

1195 N.W. 20TH AVE.  
DELRAY BEACH, FL 33445

**New Principal Place of Business:**

1195 N.W. 20TH AVENUE  
DELRAY BEACH, FL 33445

**Current Mailing Address:**

1195 N.W. 20TH AVE.  
DELRAY BEACH, FL 33445

**New Mailing Address:**

1195 N.W. 20TH AVENUE  
DELRAY BEACH, FL 33445

FEI Number: 75-3003658

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MEMBERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGR ( ) Change (X) Addition  
Name: BORGES, BARBARA I MRS.  
Address: 1195 NW 20TH AVENUE  
City-St-Zip: DELRAY BEACH, FL 33445

Title: MGR ( ) Change (X) Addition  
Name: BORGES, EVELIO C MR  
Address: 1195 NW 20TH AVENUE  
City-St-Zip: DELRAY BEACH, FL

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 is true and accurate and that my electronic 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: EVELIO C. BORGES

MGR

05/01/2002

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date