

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L01000019586

FILED  
May 02, 2003  
Secretary of State

**Entity Name:** DPCON COMPUTER NETWORK SPECIALISTS LTD.CO.

**Current Principal Place of Business:**

986 SWEETWOOD CT  
ORANGE PARK, FL 32065

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 441016  
JACKSONVILLE, FL 32222

**New Mailing Address:**

**FEI Number:** 59-3754235

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MORALES, LEMUEL  
986 SWEETWOOD CT  
ORANGE PARK, FL 32065

**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: MGR ( ) Delete  
Name: MORALES, LEMUEL  
Address: P.O. BOX 441016  
City-St-Zip: JACKSONVILLE, FL 32222

**ADDITIONS/CHANGES:**

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 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: LEMUEL MORALES

MR

05/02/2003

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