

AMENDED

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

FILED

DOCUMENT # L92348

1. Entity Name

Applied Computer Services, Inc.

02 DEC -3 AM 11:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

000009329960
12/03/02--01034--006 **\$1.25

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6622 Southpoint Dr. South

3. Mailing Address
6622 Southpoint Dr. South

Suite, Apt. #, etc.
Suite 310

Suite, Apt. #, etc.
Suite 310

City & State
Jacksonville, FL

City & State
Jacksonville, FL

Zip
32216

Country
USA

Zip
32216

Country
USA

4. FEI Number
59-3022130

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Intrastate Registered Agent Corp.

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

701 Brickell Ave., Suite 3000

City
Miami

FL

Zip Code
33131

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 releasing)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D C P Arcaini, Gianni B.
7889 Hunters Grove Rd.
Jacksonville, FL 32256

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V T S Trait, Patrick M.
10 Tenth St.
Atlantic Beach, FL 32233

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number

11/26/02 (904) 296-2800

CR2E034B (12/01)