

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N96000003584

FILED
Apr 16, 2003
Secretary of State

Entity Name: NORTH FLORIDA COMPUTER SOCIETY, INC.

Current Principal Place of Business:

36230 PINE STREET
HILLARD, FL 32046 US

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 289
HILLIARD, FL 32046

New Mailing Address:

FEI Number: 59-3389228

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GREER, LEWIS R
36230 PINE STREET
HILLIARD, FL 32046 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

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: GREER, LEWIS R
Address: 36230 PINE STREET
City-St-Zip: HILLARD, FL 32046

Title: D () Delete
Name: HOLCOMBE, PAMELA G
Address: 36230 PINE STREET
City-St-Zip: HILLARD, FL 32046

Title: D () Delete
Name: FONTAINE, WILLIAM E
Address: 36230 PINE STREET
City-St-Zip: HILLARD, FL 32046

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:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEWIS R GREER

PRES

04/16/2003

Electronic Signature of Signing Officer or Director

Date