FILED

2001 UNIFORM BUSINESS REPORT (UBR)

May 02, 2001 8:00 am Secretary of State DOCUMENT # P0000033239 AROUND THE CLOCK COMPUTER SERVICES, INC. 5-02-2001 90186 010 ***150.00 Principal Place of Business Mailing Address 701 INDIANA AVE. 701 INDIANA AVE. FT. LAUDERDALE FL 33312 FT. LAUDERDALE FL 33312 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent AUSTIN, ALICIA 701 INDIANA AVE. FT. LAUDERDALE FL 33312 purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity ubmis this statement for the 412610 SIGNATURE NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy/its Intangible 10. Election Campaign Financing **\$5.00** Mav Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Change Addition TITLE ☐ Defete WINFORD CLARKE AUSTIN, ALICIA NAME NAME TOI INDIANA AVENUE STREET ADDRESS 701 INDIANA AVE. STREET ADDRESS FORTLAUDERDALE, FL 33312 CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33312 □ Change TITLE ☐ Delete **Addition** HAZEL AUSTIN-CLARKE NAME NAME 701 INDIANA AVENUE STREET ADDRESS STREET ADDRESS FORT LAUDERDALE, FL 333 CITY-ST-ZIP CITY-ST-ZIP . Change Addition ☐ Delete _ TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Detete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 13. 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 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 Block 12 if changed, or on an attachment with appears, with all other like empowered.

SIGNATURE AND TYPED OR PE INTEO NAME OF SIGNING OFFICE