2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 AM
Secretary of State

DOCUMENT# P00000036378

Entity Name: AKET COMPUTER SOLUTIONS, INC.

Current Principal Place of Business:

10510 WALKER VISTA DRIVE
RIVERVIEWW, FL 33569

New Principal Place of Business:

Current Mailing Address:

10510 WALKER VISTA DRIVE
RIVERVIEW, FL 33569

New Mailing Address:

FEI Number: 53-3636643 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES, FL 33134 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

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: HENDERSON, DARREL L
Address: 10510 WALKER VISTA DRIVE
City-St-Zip: RIVERVIEW, FL 33569

Title: VD ( ) Delete
Name: HICKS, KIMBERLY M
Address: 10510 WALKER VISTA DRIVE
City-St-Zip: RIVERVIEW, FL 33569

Title: SD ( ) Delete
Name: HENDERSON, DEDRA N
Address: 10510 WALKER VISTA DRIVE
City-St-Zip: RIVERVIEW, FL 33569

Title: TD ( ) Delete
Name: CHRISTOPHER, NATIKA M
Address: 10510 WALKER VISTA DRIVE
City-St-Zip: RIVERVIEW, FL 33569

Title: VD ( ) Delete
Name: BROWN, SHERYL D
Address: 10510 WALKER VISTA DRIVE
City-St-Zip: RIVERVIEW, FL 33569

Title: VD ( ) Delete
Name: BYNUM, STEVEN D
Address: 10510 WALKER VISTA DRIVE
City-St-Zip: RIVERVIEW, FL 33569

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change ( ) Addition
Name: SMITH, FLOYD J
Address: 10510 WALKER VISTA DRIVE
City-St-Zip: RIVERVIEW, FL 33569

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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

SIGNATURE: NATIKA M. CHRISTOPHER TD 03/13/2002

Electronic Signature of Signing Officer or Director Date