FILED

Apr 17, 2002 8:00 am & Secretary of State

04-17-2002 90032 029 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

P00000039107

DOCUMENT # 1. Entity Name

ACTION COMPUTER SYSTEMS & SERVICES, INC.

Principal Pla	ce of Business	Mailing Address							
500 N. HARBOR CITY BLVD. MELBOURNE FL 32935		500 N. HARBOR CITY BLVD. MELBOURNE FL 32935							
2. Principal Place of Business		3. Mailing Address	3. Mailing Address			!! 86 114 68 144 68 141	HOLD BERN FOLDS		
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRI	TE IN THIS S	SPACE	
City & State		City & State	City & State		El Number	59-364946	0	П	Applied For
Zip	Country	Zip	Country	5. (Certificate of S	Status Desired			
	6. Name and Address of Curre	ent Registered Agent		7. 1	lame and Ad	dress of New I		<u> </u>	
D. I TTTO	0011 D 1110 D		Name						
PATTERSON, DAVID R 519A N. HARBOR CITY BLVD.			Street Ad	dress (P.O. B	ox Number is	Not Acceptabl	e)		
	IRNE FL 32935				****				
			City	1 1				Zip C	ode
9 The shave					·		<u>FL</u>		
o. The above	e named entity submits this statemen	it for the purpose of changing its	registered office or r	registered age	ent, or both, ir	n the State of Flo	orida.		•
SIGNATURE	Signature, typed or printed name of registered ag	gent and title if applicable. (NOTE	: Registered Agent signature	e required when rei	instating)		DATE		
					u .				
9. This corn	oration is eligible to satisfy its Intanci	ble FILE NOW!	II FFF IS \$150.00	n			**		
Táx filing	oration is eligible to satisfy its Intangi requirement and elects to do so. raia on back)	After May 1, 200	!! FEE IS \$150.00 02 Fee will be \$55 le to Department	0.00		n Campaign Fir iund Contributio			.00 May Be led to Fees
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13. I hereby certify that the information supplied with this filling 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 suppliemental 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 an address with all other like empowered.

CITY-ST-ZIP

SIGNATURE: