2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P0000039107

1. Entity Name

ACTION COMPUTER SYSTEMS & SERVICES, INC.



FILED May 09, 2003 8:00 am State

*150.00

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	Secretary of S
	05-09-2003 90140 038 **

					WE-						
		500 1	N. HARBOR CITY BL	VD.)				
Principal Place of Business Amailing Address						_					
#, etc.		Suit	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES					
ite		City	& State			4. FEI Number 59-3649460			—	Applied For Not Applicable	
	Country	Zip	Country					\$8.75 Additional Fee Required			
6. Name	and Address of Currer	t Registere	ed Agent		l	7. Nar	ne and Address of New R	egistered			
HARBOR CIT	y Blvd.			`	Address (F	P.O. Box	Number is Not Acceptable)			
				City				FI	Zip Cod	le	
Signature, typed o	red agent.					_		rida. I am DATE	familiar with,	and accept	
r May 1, 200	3 Fee will be \$550.00									O May Be to Fees	
Т_	OFFICERS AN	DIRECTO		11.		ADDIT	TIONS/CHANGES TO OFFI	CERS AN	D DIRECTOR	S IN 11	
AULD, STE 739 DIPLO	MAT AVE. SE		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					Change	☐ Addition	
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			☐ Delete	TITLE NAME STREET ADDRESS					☐ Change	☐ Addition	
	OR CITY BLVD. FL 32935 Place of Busine #, etc. te 6. Name a ON, DAVID F HARBOR CIT RNE FL 3293 e named entity tions of registe Signature, typed of FILE NOW!!! or May 1, 2003 k Payable to P AULD, STE 739 DIPLO	Place of Business #, etc. te Country 6. Name and Address of Currer ON, DAVID R HARBOR CITY BLVD. RNE FL 32935 e named entity submits this statement tions of registered agent. Signature typed or printed name of registered agent. FILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550.00 k Payable to Florida Department OFFICERS ANI	OR CITY BLVD. FL 32935 Place of Business 3. Mai #, etc. Country Country Zip 6. Name and Address of Current Registere ON, DAVID R HARBOR CITY BLVD. RNE FL 32935 a named entity submits this statement for the purptions of registered agent. Signature, typed or printed name of registered agent and title if appropriate the statement of State OFFICERS AND DIRECTO P AULD, STEPHEN L 739 DIPLOMAT AVE. SE	OR CITY BLVD. FL 32935 Place of Business 3. Mailing Address #, etc. Suite, Apt. #, etc. City & State Country 7. Signature, typed or printed name of registered agent and title if applicable. Signature, typed or printed name of registered agent and title if applicable. OFFICERS AND DIRECTORS PAULD, STEPHEN L 739 DIPLOMAT AVE. SE PALM BAY FL 32909-4539 Delete	OR CITY BLVD. FL 32935 Place of Business 3. Mailing Address #, etc. Country Zip Country G. Name and Address of Current Registered Agent CON, DAVID R HARBOR CITY BLVD. RNE FL 32935 City anamed entity submits this statement for the purpose of changing its registered office of the country of the purpose of changing its registered office of the country of the purpose of changing its registered office of the purpose of	OR CITY BLVD. FL 32935 Place of Business 3. Mailing Address #, etc. Suite, Apt. #, etc. Country Zip Country Zip Country 5. Name and Address of Current Registered Agent Name Name Non, DAVID R HARBOR CITY BLVD. RNE FL 32935 City Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required agent and title if applicable. PLE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of State OFFICERS AND DIRECTORS PALM BAY FL 32909-4539 Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OR CITY BLVD. FL 32935 WELBOURNE FL 32935 # , etc. Suite, Apt. # , etc. Country Zip Country Zip Country Street Address of Current Registered Agent Name ARRBOR CITY BLVD. RNE FL 32935 City Place of Business 3. Mailing Address Country Street Address Country Street Address of Current Registered Agent Name Name Name Name Name City & State City Cit	Piloce of Business 3. Mailing Address 4. FEI Number 59-3649460 Country Country Zip Country S. Certificate of Status Desired 6. Name and Address of Current Registered Agent Name and Address of Current Registered Agent Name and Address (P.O. Box Number is Not Acceptable Street Address (P.O. Box Number is Not Acceptable City changed entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiolitions of registered agent. Street Address (P.O. Box Number is Not Acceptable City City City Paulo Street Address (P.O. Box Number is Not Acceptable City Street Address (P.O. Box Number is Not Acceptable City The North Country Street Agent segment required agent are tast of accetable. NOTE Registered Agent segment required agent are tast of accetable. Signature special agent are all registered agent. Biguitum spend of printed agent are tast accetable. The North Country Street Agent segment required agent are tast accetable. Signature special agent	OR CITY BLVD. RELEQUENCE FL. 32355 MELEQUENCE FL. 32355 Country Street Address of New Registered Country Street Address (P.O. Box Number is Not Acceptable) There Street Address (P.O. Box Number is Not Acceptable) City FI Incred on private larger for will be \$550.00 K Payable to Florida Department of the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. Lar May 1, 2003 Fee will be \$550.00 K Payable to Florida Department of State OH-CERS AND DIRECTORS OH-CERS AND DIRECTORS OH-CERS AND DIRECTORS OH-St. 2P Delete Intl. NAME STREET ADDRESS OTY-ST. 2P Delete Intl. NAME STREET ADDRE	Place of Business 3. Mailing Address 4. FEE Number Country Zip Country Zip Country S. Certificate of Status Desire Fee Requir Name and Address of Current Registered Agent Name and Address of New Registered Agent North North New Registered Agent North Name and Address of New Registered Agent North	

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