

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 11, 2002 8:00 am
Secretary of State

03-11-2002 90015 019 ***150.00

DOCUMENT # P00000103822

1. Entity Name

ADC COMPUTER SERVICES, INC.

Principal Place of Business

**14620 NORTH NEBRASKA AVE., STE.101A
TAMPA FL 33613**

Mailing Address

**14620 NORTH NEBRASKA AVE., STE.101A
TAMPA FL 33613**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3680365

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**RIVETT, DEAN
14620 NORTH NEBRASKA AVE., STE.101A
TAMPA FL 33613****7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE NAME	PD RIVETT, SALLY A	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	14620 NORTH NEBRASKA AVE., STE.101A TAMPA FL 33613	
TITLE NAME	VD RIVETT, RICHARD D	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	14620 NORTH NEBRASKA AVE., STE.101A TAMPA FL 33613	
TITLE NAME	VD CARVALHO, ANTONIO D	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	14620 NORTH NEBRASKA AVE., STE.101A TAMPA FL 33613	
TITLE NAME	SD RIVETT, DEAN	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	14620 NORTH NEBRASKA AVE., STE.101A TAMPA FL 33613	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 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 an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Antonio De Carvalho 2/26/2002 813-632-8725

Date

Daytime Phone #

CR2E034 (9/01)