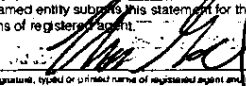
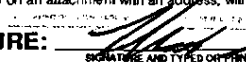


FILED  
Apr 21, 2003 8:00 am  
Secretary of State

04-21-2003 91062 036 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

90099765

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                   |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------|--|
| <b>DOCUMENT # P01000011296</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |
| 1. Entity Name<br><b>DATA CENTER SUPPORT, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                   |  |
| Principal Place of Business<br>2830 SCHERER DRIVE, #300<br>ST. PETERSBURG, FL 33716                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | Mailing Address<br>2830 SCHERER DRIVE, #300<br>ST. PETERSBURG, FL 33716           |  |
| 2. Principal Place of Business<br><b>2840 Scherer Dr. #400</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | 3. Mailing Address<br><b>Same</b>                                                 |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | Suite, Apt. #, etc.                                                               |  |
| City & State<br><b>St. Petersburg FL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | City & State                                                                      |  |
| Zip<br><b>33716</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | Country<br><b>Pirellus</b>                                                        |  |
| 4. FEI Number<br><b>59-3706386</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | Applied For<br>Not Applicable                                                     |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | \$8.75 Additional Fee Required                                                    |  |
| 6. Name and Address of Current Registered Agent<br><b>GOOCH, THOMAS<br/>2830 SCHEVER DR STE 300<br/>SAINT PETERSBURG, FL 33716</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | 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. I am familiar with, and accept the obligations of registered agent.                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                   |  |
| SIGNATURE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | DATE <b>4/17/03</b>                                                               |  |
| Signature, typed or printed name of registered agent and date if applicable.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | (NOTE: Registered Agent's signature required when submitting)                     |  |
| FILE NOW!! FEES: \$160.00<br>After May 1, 2003 Fee will be \$550.00<br>Make Check Payable to Florida Department of State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | 9. Election Campaign Financing <b>\$5.00 May Be Added to Fees</b>                 |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                             |  |
| TITLE <input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition           |  |
| NAME <b>GOOCH, THOMAS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | NAME                                                                              |  |
| STREET ADDRESS <b>2840 Scherer Dr. #400</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | STREET ADDRESS                                                                    |  |
| CITY-ST-ZIP <b>ST. PETERSBURG, FL 33716</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | CITY-ST-ZIP                                                                       |  |
| TITLE <input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition           |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | NAME                                                                              |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | STREET ADDRESS                                                                    |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | CITY-ST-ZIP                                                                       |  |
| TITLE <input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition           |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | NAME                                                                              |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | STREET ADDRESS                                                                    |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | CITY-ST-ZIP                                                                       |  |
| TITLE <input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition           |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | NAME                                                                              |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | STREET ADDRESS                                                                    |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | CITY-ST-ZIP                                                                       |  |
| TITLE <input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition           |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | NAME                                                                              |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | STREET ADDRESS                                                                    |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | CITY-ST-ZIP                                                                       |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |  |                                                                                   |  |
| SIGNATURE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | DATE <b>4/17/03</b> 727-573-1199                                                  |  |
| Signature and typed or printed name of signing officer or director                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | Date Copying Phone #                                                              |  |

CR2E034 (10/02)