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

DOCUMENT # P01000011296

1. Entity Name
DATA CENTER SUPPORT, INC.

Principal Place of Business	Mailing Address
2830 SCHERER DRIVE, #300 ST. PETERSBURG, FL 33716	2830 SCHERER DRIVE, #300 ST. PETERSBURG, FL 33716

2. Principal Place of Business	3. Mailing Address
2840 Scherer Dr. #400	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: St. Petersburg FL	City & State
Zip: 33716 Country: Pinellas	Zip / Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3706386 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GOOCH, THOMAS
2830 SCHEVER DR STE 300
SAINT PETERSBURG, FL 33716

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 [signature] 4/17/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	GOOCH, THOMAS	NAME	
STREET ADDRESS	~~2830 SCHERER DRIVE, #300~~ 2840 Scherer Dr. #400	STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG, FL 33716	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 4/17/03 727-573-1199
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #