2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 AM
Secretary of State

DOCUMENT# P01000034498

Entity Name: COMPUTER ADVANCED TECHNOLOGY SOLUTIONS, INC.

Current Principal Place of Business:

503 S.W. 2ND AVENUE
GAINESVILLE, FL 32601

New Principal Place of Business:

503 S.W. 2ND AVENUE
GAINESVILLE, FL 326016223 US

Current Mailing Address:

503 S.W. 2ND AVENUE
GAINESVILLE, FL 32601

New Mailing Address:

503 S.W. 2ND AVENUE
GAINESVILLE, FL 326016223 US

FEI Number: 59-3717378 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

ESTAVER, JAMES B
503 SW 2ND AVENUE
GAINESVILLE, FL 326016223 US

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: JAMES B. ESTAVER 04/30/2002
Electronic Signature of Registered Agent Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DS ( ) Delete
Name: COBB, MARK D
Address: 601 S. HARBOUR ISLAND BLVD., SUITE 103
City-St-Zip: TAMPA, FL 33602

Title: PD (X) Delete
Name: BUGOS, DONALD J
Address: 601 S. HARBOUR ISLAND BLVD., SUITE 103
City-St-Zip: TAMPA, FL 33602

Title: D (X) Delete
Name: DAROEN, DONALD E
Address: 601 S. HARBOUR ISLAND BLVD., SUITE 103
City-St-Zip: TAMPA, FL 33602

Title: VP (X) Delete
Name: STEVENS, YVONNE
Address: 601 S. HARBOUR ISLAND BLVD., SUITE 103
City-St-Zip: TAMPA, FL 33602

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: ESTAVER, JAMES B
Address: 503 SW 2ND AVENUE
City-St-Zip: GAINESVILLE, FL 326016223 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES B. ESTAVER DP 04/30/2002
Electronic Signature of Signing Officer or Director Date