

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

AMENDED

FILED

02 JUN -4 PM 1:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000109446
1. Entity Name
Passcomp, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3110 1ST AVE N. Suite, Apt. #, etc. SUITE 2 I City & State ST. PETERSBURG, FL Zip 33713 Country USA		3. Mailing Address 3110 1ST AVE N. Suite, Apt. #, etc. SUITE 2 I City & State ST. PETERSBURG, FL Zip 33713 Country USA	
---	--	---	--

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3756544	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name HATEM I. JABER
Street Address (P.O. Box Number is Not Acceptable) 4050 1ST AVE N.
City ST. PETERSBURG FL Zip Code 33713

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 HATEM JABER *Hatem Jaber* 5-31-02
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)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 STREET ADDRESS CITY - ST - ZIP	PRESIDENT HATEM JABER 4050 1ST AVE N. ST. PETERSBURG, FL 33713	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	500005815745--9 -06/18/02--01059--007 *****61.25 *****61.25
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>HJ/13</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: HATEM JABER *Hatem Jaber* 5-31-02 727-420-8473
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #