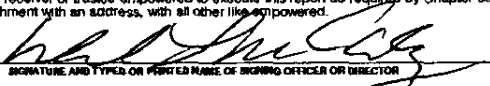


FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90095 027 ***150.00

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

DOCUMENT # P02000002522		
1. Entity Name LAND & SEA COMPUTER SOLUTIONS, INC.		
Principal Place of Business 757 SE 17TH STREET #568 FORT LAUDERDALE, FL 33316		Mailing Address 757 SE 17TH STREET #568 FORT LAUDERDALE, FL 33316
2. Principal Place of Business 1350 River Reach Dr. Suite, Apt. #, etc. 410		3. Mailing Address 1350 River Reach Dr. Suite, Apt. #, etc. 410
City & State FT. LAUDERDALE, FL		City & State FT. LAUDERDALE, FL
Zip 33315	Country USA	Zip 33315
Country USA		
4. FEI Number 900011064		Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent MCCAULEY, MICHAEL L 1350 RIVER REACH DRIVE #410 FORT LAUDERDALE, FL 33315		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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when electing.)		
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 _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____ ☐ Delete		TITLE _____ NAME P Michael L. McCauley STREET ADDRESS 1350 River Reach Dr. #410 CITY-ST-ZIP Fort Lauderdale, FL 33315 ☐ Change ☒ Addition
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____ ☐ Delete		TITLE _____ NAME Susan M. McCauley STREET ADDRESS 1350 River Reach Dr. #410 CITY-ST-ZIP Fort Lauderdale, FL 33315 ☐ Change ☒ Addition
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____ ☐ Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____ ☐ Change ☐ Addition
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____ ☐ Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____ ☐ Change ☐ Addition
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____ ☐ Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____ ☐ Change ☐ Addition
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: 		27 APR 03 9545248736
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #

70052075



☐ CHECK HERE IF MAKING CHANGES

CR2034 (10/02)