FILED
Jul 14, 2003 8:00 am
Secretary of State
07-14-2003 90164 044 ***158.75

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000125463

1. Entity Name
COMPUTER SOLUTIONNOW INC

90142007

Principal Place of Business	Mailing Address
2734 NE 27TH COURT #22 LIGHTHOUSE POINT, FL 33064	~~2734 NE 27TH COURT #22 LIGHTHOUSE POINT, FL 33064~~

[redacted]

2. Principal Place of Business	3. Mailing Address
2734 NE 27 Ct	PO BOX 51598
Suite, Apt. #, etc. 22	Suite, Apt. #, etc.
City & State Lighthouse Point, FL	City & State Lighthouse Point, FL
Zip 33064 Country USA	Zip 33074 Country USA

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number 54-2084519 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

SOUZA, EDUARDO F
2734 NE 27TH
22
LIGHTHOUSE POINT, FL 33064

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] 7-9-03
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	P	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	SOUZA, EDUARDO F		NAME		
STREET ADDRESS	2734 NE 27TH #22		STREET ADDRESS		
CITY-ST-ZIP	LIGHTHOUSE POINT, FL 33064		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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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] 7-9-03 9547098463
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment
90142007
#P02000125463

COMPUTER SOLUTIONNOW, INC.
2734 NE 27 COURT #22
LIGHTHOUSE POINT FL 33064

6/13/03

DIVISION OF CORPORATIONS
UNIFORM BUSINESS REPORT FILINGS
P.O. BOX 1500
TALLAHASSEE FL 32302-1500

Dear Sir or Madam:

This letter is in reference to the UNIFORM BUSINESS REPORT (UBR). This company did not receive a written copy of this profit corporation uniform business report from your office. Since this is my second written request for this report, I am becoming quite concerned.

Please send a report to this office as soon as possible so we can return it to you with the $150.00 fee.

In addition, please clarify to whom we should make out the check. Thank you for your assistance.

Sincerely,

Eduardo Souza