2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000133848 1. Entity Name

LANHEADZ COMPUTING, INC.



FILED May 01, 2003 8:00 am Secretary of State
05-01-2003 90162 045 ***150.00

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| City & State City & State Country Country Country Country Country Country Country S. Conflicted of Status Desired S. Status Desired S. Conflicted of Status Desired State Address of New Angolisational Agent Name Name Streed Address (P.O. Box Number is Net Acceptable) FL Zip Code C. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florica. I am familiar with, and accept the originators of registered agent. Signarus tipsed or prince time of registered agent. Signarus tipsed of registered agent. Signarus tipsed or prince time of r | 2. Principal Place of Business | | 3. N | 3. Mailing Address | | | | | | | | | | | l | |
| Zip Country Zip Country 5. Certificate of Status Desired SA 75. Additional Country Fee Required | Suite, Apt. #, etc. | | | s | Suite, Apt. #, etc. | | | | CHECK HERE IF MAKING CHANGES | | | | | | | |
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| WISHON, JOHN 112 VAN DYCK DR NOKOMIS FL 34275 City FL Zip Code C | Zip Country | | Z | p | Country | | | 5. Certificate of Status Desired \$8.75 Additional | | | | | | | | |
| WISHON, JOHN 112 VAN DYCK DR NOKOMIS FL 34275 City FL Zip Code C | | 6. Name | and Address | of Current Registe | red Agent | | | | Z. Na | me and Add | ress of N | lew.Re | aistered | | | |
| The above named entity submile his statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with and accept the obligation of registered agent, or both, in the State of Fl | | | | | | | Name | | | | | | <u>. </u> | | | ヿ |
| 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. It am familiar with, and accept the collegations of registered agent, or both, in the State of Florida. It am familiar with, and accept the collegations of registered agent, or both, in the State of Florida. It am familiar with, and accept the collegations of registered agent, or both, in the State of Florida. It am familiar with, and accept the collegations of registered agent, or both, in the State of Florida. It am familiar with, and accept the collegations of registered agent, or both, in the State of Florida. It am familiar with, and accept the collegations of registered agent, or both, in the State of Florida. It am familiar with, and accept the collegations of registered agent, or both, in the State of Florida. It am familiar with, and accept the collegations of registered agent, or both, in the State of Florida. It am familiar with, and accept the collegations of registered agent, or both, in the State of Florida. It am familiar with, and accept the collegations of registered agent, or both, in the State of Florida. It am familiar with, and accept the collegations of registered agent, or both, in the State of Florida. It am familiar with, and accept the collegations of registered agent, or both, in the State of Florida. It am familiar with, and accept the collegations of registered agent, or both, in the State of Florida. It am familiar with, and accept the collegation of registered agent, or both, in the State of Florida. It am familiar with, and accept the part of the familiar with, and accept the familiar with an familiar with, and accep | | | | | | | Street Add | dress (P. | O. Box | : Number is N | Not Accep | ptable) | | · … | | \dashv |
| City FL Zip Code | 4 | | | | | | | | | | | | | | | \dashv |
| B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature File NoW!!! FEE IS \$150.00 | NOKOMIS | FL 34275 | | | | | | | | | | | | | | |
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| After May 1, 2003 Fee will be \$550.00 Make Check Payable to Floridal Department of State 10. | SIGNATURE . | Signature, typed | or printed name of rec | gistered agent and title if a | applicable. (NO | TE: Registere | d Agent signature | required w | hen reinst | tating) | | | DATE | | | _ |
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| | | ertify that the | information sur | oplied with this filin | ng does not qualify fo | | <u>-</u> - | d in Sect | ion 119 | 9.07(3)(i). Flo | rida Stati | utes. I fi | urther ce | rtify that the | information | \dashv |

indicated on this report in 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: