2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P94000093442 **DOCUMENT #**



FILED Jan 14, 2003 8:00 am Secretary of State

SYSTEM	IS HARDWARE ASSISTANCI	E GROUP, INC.	Name of the last o		01-14	-2003 90075	007 ***1:	50.00
	ace of Business IELD PARK DRIVE. SUITE J-19 FL 34243	Mailing Address 340 SOMERSET AVE. SARASOTA FL 34243				i	:1 0 (8188 11112 81	(6) 3:0(0 ((6) :06)
2. Principal	Place of Business	3. Mailing Address						
Suite, Ap	t. #, etc.	Suite, Apt. #, etc.	TH STREE	711	☐ CHECK	. HERE IF MAKIN	NG CHANGE	ES
City & Sta	ate	City & State X	1 FZ	,	4. FEI Number 65-05	12277 -	<u> </u>	Applied For
-Zip	-Country	21/1/10	MAUA!	12/	5. Certificate of Status De		\$8.75	Not Applicable
	6. Name and Address of Current	Registered Agent	MAAA	le le		_	Fee Requ	ired
		- good of Agont	Nam	e	7. Name and Address of	New Registered	l Agent	·
	ROBERT H SR		Strong	* Add (1	20.0			
	HTEFIELD PK-DR		3000	Address (F	P.O. Box Number is Not Acc	eptable)	,	
SAKASU	TA FL 34243		4.	803	34111 51	RHT	W	
		·	City	[is All	alter!	E	Zip Ce	odez / //
8. The above	e named entity submits this statement for tions of registered agent.	the purpose of changing its	registered office	or register	ed agent, or both, in the Stat	e of Florida . Low	-135	12/0
the obliga	tions of registered agent.		•	9	and agoing or body, in the otal	e or Florida, Fan	riamılar witi	i, and accept
SIGNATURE	Signature, typed or printed name of registered agent a	ad tille if applicable						
F	ILE NOW!!! FEE IS \$150.00	. (401)	E: Registered Agent sig	nature required v	when reinstating)	DATE		
Afte	r May 1, 2003 Fee will be \$550.00				9. Election Campa	ign Financing	\$5.	00 May Be
	k Payable to Florida Department of				Trust Fund Con	ribution.		ed to Fees
TITLE	OFFICERS AND D	*	11.	-	ADDITIONS/CHANGES T	O OFFICERS AN	D DIRECTOR	RS IN 11
NAME	GMEINDER, KAROLEE A	☐ Delete	TITLE					
STREET ADDRESS	2260 WHITFIELD PARK DRIVE, SU	I ITE d-19	NAME STREET ADDRESS	6916	10465106	A PLI	4.	
CITY-ST-ZIP	SARASOTA FL 34243		CITY-ST-ZIP	WAI	VERSITY PK,	Fl , 3'	4201	
TITLE NAME	PTD POPERT II OF	☐ Delete	TITLE		VERSITY PK,		C4 Change	— Addition
STREET ADDRESS	RICHEY, ROBERT H SR 2260 WHITEIELD PK -DR		NAME	1 100	3 34 It STA	UT W	<u>, </u>	
CITY-ST-ZIP	SARASOTA FE 34243		STREET ADDRESS		MENTON, FL.	3.4210	9 .	-
TITLE		☐ Delete	TITLE	- JANI	CATON TE	5 : 1.61,0	Change	
NAME STREET ADDRESS			NAME				□ Change.	☐ Addition
CITY-ST-ZIP			STREET ADDRESS					Ì
TITLE		□ Delete	CITY-ST-ZIP	 				
NAME		L Delete	TITLE NAME				☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS					
TITLE			CITY-ST-ZIP					
NAME		☐ Delete	TITLE		······································	<u> </u>	☐ Change	☐ Addition
STREET ADDRESS			NAME Street address					1
CITY-ST-ZIP	<u> </u>	<u>.</u>	CITY-ST-ZIP					
TITLE	· · · · · · · · · · · · · · · · · · ·	☐ Delete	TITLE	<u> </u>			☐ Change	Addition
TREET ADDRESS			NAME				- Villinge	radiitori
TY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					j
2. I hereby ce indicated o of the corporate changed as	ertify that the information supplied with the on this report or supplemental report is truoration or the receiver or trustee empower on an attachment with an address, with	is filing does not qualify for the and accurate and that my ered to execute this report as	he exemption sta	ted in Section ave the san	on 119.07(3)(i), Florida Statu ne legal effect as if made un	ites. I further cert ider oath; that I a	ify that the ir m an officer	nformation or director

SIGNATURE:

Daytime Phone #