

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000029581

1. Entity Name
INTERACTIVE-COMPUTER SOLUTIONS, INC.

Principal Place of Business
3751 ONE SAN JOSE PLACE
SUITE 15
JACKSONVILLE FL 32257

Mailing Address
3751 ONE SAN JOSE PLACE
SUITE 15
JACKSONVILLE FL 32257

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3322505

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent


~~NUNN, ATTORNEY D~~
~~1 INDEPENDENCE DR~~
~~STE 2000~~
~~JACKSONVILLE FL 32202~~

Name RAX CO. c/o Daniel B. Nunn, Jr.

Street Address (P.O. Box Number is Not Acceptable)
30 North Laura Street, Suite 3300

City Jacksonville FL Zip Code 32202

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  Daniel B. Nunn, Jr., Vice President 04-30-01
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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME D
STREET ADDRESS LEVINE, WILLIAM
CITY-ST-ZIP 3751 ONE SAN JOSE PLACE #15
JACKSONVILLE FL 32257 ☐ Delete

TITLE
NAME D
STREET ADDRESS LEVINE, STEPHANY
CITY-ST-ZIP 3751 ONE SAN JOSE PLACE #15
JACKSONVILLE FL 32257 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

NAME
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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90019 045 ***150.00



DO NOT WRITE IN THIS SPACE

0611027

CR2E034 (10/00)

4/26/01
Date

904-668-1334
Daytime Phone #