

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 28, 2001 08:00 AM**
Secretary of State**DOCUMENT # P95000039633**1. Entity Name
SOUTHERN ACCENT COMPUTER SYSTEMS, INC.

Principal Place of Business 1339 EAST TENNESSEE STREET TALLAHASSEE FL 323085107	Mailing Address 1339 EAST TENNESSEE STREET TALLAHASSEE FL 323085107
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 11500 METRIC BLVD Suite, Apt. #, etc. SUITE 150
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City & State Austin TX	City & State Austin TX
Zip 787584048	Country

4. FEI Number
74-2613824
Applied For
Not Applicable5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**BUTZIN PETER A**
1339 EAST TENNESSEE STREET

TALLAHASSEE FL 323085107**7. Name and Address of New Registered Agent**Name
ADVANCED SOLUTIONS INTERNATIONAL, INC.
Street Address (P.O. Box Number is Not Acceptable)
1339 EAST TENNESSEE STREET

City
TALLAHASSEE FL Zip Code
323085107

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 **DON ROBERTSON****02/28/2001**

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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR TESTA LARRY 11500 METRIC BLVD., SUITE 150 AUSTIN TX 787584048 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES ROBERTSON DON 11500 METRIC BLVD., SUITE 150 AUSTIN TX 787584048 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO ALVES ROBERT 11500 METRIC BLVD., SUITE 150 AUSTIN TX 787584048 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: DON ROBERTSON**PRES 02/28/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)