

2000 UNIFORM BUSINESS REPORT (UBR)

0055591

DOCUMENT # P95000063809

1. Entity Name
APPLIED COMPUTING SOLUTIONS, INC.

FILED
00 APR 25 AM 7:47

Principal Place of Business
838 STOUTAMIRE DRIVE
TALLAHASSEE FL 32302

Mailing Address
838 STOUTAMIRE DRIVE
TALLAHASSEE FL 32301-4531

[Handwritten Signature]

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
848 E. College Ave.
Suite, Apt. #, etc.
#1
City & State
Tallahassee, FL
Zip
32301 Country
USA

3. Mailing Address
P.O. Box 1771
Suite, Apt. #, etc.
City & State
Tallahassee, FL
Zip
32302 Country
USA

4. FEI Number
59-3347549

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

6. Name and Address of Current Registered Agent
KAKARIGI, DUBRAVKO
838 STOUTAMIRE DRIVE
TALLAHASSEE FL 32302

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
848 E. College Ave., #1
City
Tallahassee FL Zip Code
32301

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 388883236373-8
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ ******150.00** ******150.00** **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAKARIGI, DUBRAVKO		NAME	KAKARIGI, DUBRAVKO	
STREET ADDRESS	838 STOUTAMIRE DRIVE		STREET ADDRESS	848 E. COLLEGE AVE, #1	
CITY-ST-ZIP	TALLAHASSEE FL 32302		CITY-ST-ZIP	TALLAHASSEE, FL 32301	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRADLEY, DIANN		NAME	BRADLEY, DIANN	
STREET ADDRESS	838 STOUTAMIRE DRIVE		STREET ADDRESS	838 GREYTHORN DR.	
CITY-ST-ZIP	TALLAHASSEE FL 32302		CITY-ST-ZIP	TALLAHASSEE, FL 32301	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: *Diann Bradley* **Diann Bradley** **4.25.00** **850-877-5280**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)