

FILED  
Apr 30, 2003 8:00 am  
Secretary of State

04-30-2003 90097 019 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P96000011333

1. Entity Name  
**COMPUTER DESIGN SOLUTIONS, INC.**



Principal Place of Business  
2553 N ATLANTIC AVE  
SUITE 117  
DAYTONA BEACH, FL 32118

Mailing Address  
2553 N ATLANTIC AVE  
SUITE 117  
DAYTONA BEACH, FL 32118

2. Principal Place of Business  
**3774 Pine Cone Lane**  
Suite, Apt. #, etc.

3. Mailing Address  
**3774 Pine Cone Lane**  
Suite, Apt. #, etc.

City & State  
**ORMOND Bch, FL**  
Zip **32174** Country **U.S.**

City & State  
**ORMOND Bch, FL**  
Zip **32174** Country **U.S.**

4. FEI Number  
**65-0645184** Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-0000

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code **32174**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE Registered Agent Signature required when resigning)

DATE

**FILE NOW!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$650.00**

Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P**  
NAME **FLATT, JAMES**  
STREET ADDRESS **2553 N ATLANTIC AVE #117 3774 Pine Cone Lane**  
CITY-ST-ZIP **DAYTONA BEACH, FL 32118 ORMOND Bch, FL 32174**

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

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Change  Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *James J. Flatt*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/24/03*

Daytime Phone #

CR2E034 (10/02)