2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2000 8:00 am
Secretary of State
04-12-2000 90191 043 ***150.00

DOCUMENT # P97000005938

1. Entity Name

COMPUTER SOLUTIONS GROUP, INC.

Principal Place of Business	Mailing Address
5629 COMMERCE STREET 4915 Beach Blvd. JACKSONVILLE FL 32211 Ste. 1 US Jax, FL 32207	5800 BEACH BLVD SUITE 203-162 JACKSONVILLE FL 32207-5120

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4915 Beach Blvd.	← same
Suite, Apt. #, etc. Ste. 1	Suite, Apt. #, etc.
City & State Jax., FL	City & State
Zip 32207 Country Duval	Zip Country

4. FEI Number 59-3403068 ☐ 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
WALLER, CALVIN H ~~5800 BEACH BLVD~~ 4915 Beach Blvd., Ste. 1 ~~SUITE 203-162~~ JACKSONVILLE FL 32207	Name Waller, Calvin H. Street Address (P.O. Box Number is Not Acceptable) 4915 Beach Blvd., Ste. 1 City Jax **FL** Zip Code 32207

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 Calvin H Waller 4/10/00
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, 2000 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 / STREET ADDRESS / CITY-ST-ZIP	D WALLER, CALVIN H 1727 RIVERBLUFF ROAD JACKSONVILLE FL 32211	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WALLER, TANYA D 1727 RIVERBLUFF ROAD JACKSONVILLE FL 32211	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GARRETT, DONNA 1727 RIVERBLUFF ROAD JACKSONVILLE FL 32211	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (9/99)

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 REQUIRED 4/10/00 904-391-0001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #