2002 UNIFORM BUSINESS REPORT (UBR)

Feb 11, 2002 8:00 am DOCUMENT # P97000014498 **Secretary of State** 1. Entity Name 02-11-2002 90033 002 ***150 00 ITTY BITTY COMPUTER COMPANY Principal Place of Business Mailing Address 4000-27 ST JOHNS AVE. STE 59 4000-27 ST JOHNS AVE. STE 59 JACKSONVILLE FL 32205 JACKSONVILLE FL 32205 2. Principal Place of Business 3. Mailing Address Suite, Apt #etc. Suite. Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3427498 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CARTER, SCOTT P Street Address (P.O. Box Number is Not Acceptable) 4000-27 ST JOHNS AVE. STE 59 JACKSONVILLE FL 32205 City Zip Code 8. The above named entity commits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida e if applicable. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name d FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME CARTER, SCOTT P STREET ADDRESS STREET ADDRESS 4000-27 ST JOHNS AVE. STE 59 CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32205 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

13. I hereby certify that the information supplied with this indicated on this report or supplemental report is true of the corporation or the receiver of trustee empowers changed, or on an attachment with an address. With a supplementary of the corporation of the corporation of the corporation of the corporation.

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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1/23/02 Date

is not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information at an officer or director at the same legal effect as if made under oath; that I am an officer or director that this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

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