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

P97000042167 DOCUMENT

1. Entity Name

ADVANCED COMPUTER INSTALLATIONS, INC.



FILED

04-28-2003 90965 003 ***150.00

Apr 28, 2003 8:00 am Secretary of State

Principal Place of Business Mailing Address 5107 NORTHDALE BLVD. 5107 NORTHDALE BLVD. TAMPA FL 33624 TAMPA FL 33624 2. Principal Place of Business Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES. City & State City & State 4. FEI Number Applied For 59-3448443 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 JONES, EARL Street Address (P.O. Box Number is Not Acceptable) 5107 NORTHDALE BLVD TAMPA FL 33624 City Zip Code 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Change - Addition ☐ Delete ∴ JONES, MARIANNA S NAME NAME 5107 NORTHDALE BLVD. STREET ADDRESS STREET ADDRESS TAMPA FL 33624 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete -TITLE Change . Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IE CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS -CITY-ST-ZIP-CITY-ST-7IP ☐ Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

changed, or on an attachment with an address, with all other like empowered

12. Thereby certify that the information supplied with this filling 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