## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # - P9700068763 -

Principal Place of Business

2632 N.W. 43TH ST

GAINESVILLE FL 32606

2. Principal Place of Business

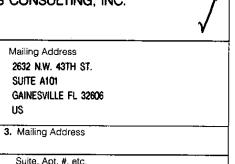
**SUITE A101** 

US

COMPUTER INFORMATION SYSTEMS CONSULTING, INC.

## **FILED** Aug 13, 2002 8:00 am Secretary of State

08-13-2002 90222 033 \*\*\*550.00





Suite, Apt. #, etc.  City & State		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE	
		City & State		·	4. FEI Number 59-3461176	Applied For
					Not Applicable	
Zip	Country	Zip	Country		5. Certificate of Status Desired	\$8.75 Additional Fee Required
Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent			
CRUSE, JAMES E 3520 N.W. 26TH TERRACE GAINESVILLE FL 32605			۳.,	Name Street Addr	ess (P.O. Box Number is Not Acceptable)	
				City	FL	Zip Code
the obligations	ned entity submits this stateme of registered agent.	nt for the purpose of changi	ng its registere	ı ed office or reç	pistered agent, or both, in the State of Florida. I am	familiar with, and accept
SIGNATURE	ature, typed or printed name of registered		AUOTE S. II			
orgin	more, types or printed flame of registered	зуви апо шве п аррікарів.	(NOTE: Hegistered	o Agent signature re	quired 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 \$550.00 After September 13, 2002 Fee will be \$750.00 Make Check Payable to Department of State

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 ☐ Delete TITLE ☐ Change ☐ Addition CRUSE, JAMES E NAME NAME 3520 N.W. 26TH TERRACE STREET ADDRESS STREET ADDRESS **GAINESVILLE FL 32605** CITY-ST-ZIF CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change 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

SIGNATURE: