2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000091132 1. Entity Name BILL'S OFFICE SYSTEMS, INC.					Secretary of State 02-01-2002 90005 007 ***150.00			
Principal Place of 300 TURNER ST. CLEARWATER FL 3		Mailing Address 8340 ULMERTON RD., STE, 214 SUITE 222 LARGO FL 33771						
2. Principal Place	of Business ASPERST N.W	3. Mailing Address 30x	1994			U UELBE)#1 +1##3 +##W	
Suite, Apt. #, et	tc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State	O,FL	City & State - 4 (5 0	FL		. FEI Number 59-34	76195		plied For t Applicable
Zip 33ファク	Country Pinellas	33779-1999	Country //n	-S 5.	. Certificate of Status I		8.75 Addi ee Required	
6. Name and Address of Current Registered Agent Name					7. Name and Address of New Registered Agent			
HAGGITT, JOHN R				Street Address (P.O. Box Number is Not Acceptable)				
300 TURNER ST. CLEARWATER FL 33756								
			City			FL	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.								
SIGNATURE 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!! After May 1, 200 Make Check Payab				50.00	10. Election Cam Trust Fund Co			May Be to Fees
11.	OFFICERS AND D	IRECTORS	12.	-	ADDITIONS/CHANGES	TO OFFICERS AND	DIRECTORS	IN 11
STREET ADDRESS 834	LBUR, WILLIAM L III 40 ULMERTON RD., STE 222 RGO FL 33771	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1170	ur William	TTL - N.W 3770	Adamse Podda	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 NAM STRE						☐ Change	Addition
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
NAME STREET ADDRESS CITY-ST-ZIP 13. I hereby certify	y that the information supplied with it	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ne exemption stat	ed in Sectio	n 119.07(3)(i), Florida S		Change	Addition

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.

GNATURE:

GNATURE:

Daytime Phone #