FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 90723 032 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000009029

1. Entity Name
21ST CENTURY INFORMATION SYSTEMS, INC.

11039969

Principal Place of Business	Mailing Address
105 4 ST BELLEAIR BEACH, FL 33786	105 4 ST BELLEAIR BEACH, FL 33786

2. Principal Place of Business	3. Mailing Address
408 Whispering Lakes B	408 Whispering Lakes Blvd
Suite, Apt. #, etc. Tarpon Springs	Suite, Apt. #, etc.
City & State Tarpon Springs FL	City & State Tarpon Springs
Zip 34688 Country	Zip 34688 Country Pinellas

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3491998 ☐ 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
WOOD, LEON 105 4 ST BELLEAIR BEACH, FL 33786	Name Leon J. Wood Street Address (P.O. Box Number is Not Acceptable) 408 Whispering Lakes Blvd City Tarpon Springs FL Zip Code 34688

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 Leon J Wood — 4-27-03
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	WOOD, LEON	NAME	
STREET ADDRESS	712 GULF BLVD.	STREET ADDRESS	
CITY-ST-ZIP	INDIAN ROCKS BEACH, FL 34635	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	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Leon J Wood — 4-27-03 — 727-938 4408
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/02)