2000 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 13, 2000 8:00 am Secretary of State DOCUMENT # **P98000031400** 1. Entity Name COMPUTER INSTALLATION SERVICES, INC. 04-13-2000 90001 007 ***150.00 Principal Place of Business Mailing Address 3000-4 HARTLEY RD 3000-4 HARTLEY RD JACKSONVILLE FL 32257 JACKSONVILLE FL 32257-8201 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3503841 Not Applicable Country Zip 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 KIMBALL, HARRY Street Address (P.O. Box Number is Not Acceptable) 3000-4 HARTLEY RD JACKSONVILLE FL 32257 Zip Code City FL 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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, 2000 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. PD TITLE ☐ Delete TITLE Change Addition KIMBALL, HARRY NAME NAME STREET ADDRESS STREET ADDRESS 3000-4 HARTLEY RD. CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32257 Delete Addition TITLE ☐ Change TITLE KIMBALL, DAIR NAME MANAF STREET ADDRESS STREET ADDRESS 3000-4 HARTLEY RD. CITY-ST-ZIP CITY-ST-7IP JACKSONVILLE FL 32257 Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP. Addition Delete ____ ☐ Change TITLE NAME NAME : / > DETARY PETER STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE 2 3 4 4 5 7 NAME STREET ADDRESS STREET ADDRESS 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNING OF SIGNING OF SIGNING OFFICER OF DIRECTOR

Harry H. Kimba 114-10-00

9012688804

Daytima Phone #