2002 UNIFORM BUSINESS REPORT (UBR)

Feb 28, 2002 8:00 am Secretary of State P98000034276 DOCUMENT # 1. Entity Name FLORIDA COMPUTER SOLUTIONS, INC. 02-28-2002 90054 006 ***150.00 Mailing Address Principal Place of Business 7188 SE SEAGATE LANE 7188 SE SEAGATE LANE STUART, FL. 34997 STUART FL 34997 2. Principal Place of Business 3. Mailing Address 750 S. Old Dixue Had 750. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite Suitc Applied For City & State 4. FEI Number City & State 65-0801803 Not Applicable Country Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ennis MERCER, DENNIS dress (P.O. Box Number is Not Acceptable) Street_Ac **1225 UTE ST** JUPITER FL 33458 erdik spa 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. Meccer SIGNATURE _ of registered agent and title if applicable (NOTE: Registered Agent signature required wi FILE NOW!!! FEE IS.\$150.00 _ 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After May 1, 2002 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 OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Addition CR2E034 (9/01) **PSD** TITLE Change ☐ Delete Dennis Mercer 750 S. Old Dixie Hgy, Unit 7 MERCER, DENNIS S NAME NAME STREET ADDRESS 7188 SE SEAGATE LANE STREET ADDRESS STUART FL 34997 CITY-ST-ZIP Jupiter FL 33458 CITY-ST-7IP ☐ Addition ☐ Change ☐ Delete TITLE TITLE (SALES) NAME OF THE 100 STREET ADDRESS STREET ADDRESS \$ 6" 1" \ E-5 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE **表现是是** NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THITE IACTURE S 1 CW Delete ☐ Change ☐ Addition TITLE NAME OF BEY PARE TO B NAME

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Da

Daytime Phone #

FILED