

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90421 021 \*\*\*150.00

DOCUMENT # 798000104549  
1. Entity Name  
Advantage Computing Consultants, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
4821 OLD OAK TREE CT.

3. Mailing Address  
Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
ORLANDO FLORIDA

City & State

4. FEI Number  
59-3543831 Applied For  
Not Applicable

Zip  
32808

Country

Zip

Country

5. Certificate of Status Desired  \$8.75 Additional Fee Required

**7. Name and Address of Current Registered Agent.**

Name  
GARCIA, CARLOS A.

Street Address (P.O. Box Number is Not Acceptable)

4821 OLD OAK TREE CT.

City Orlando FL **FL** Zip Code 32808

**DO NOT WRITE  
IN THIS SPACE**

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)

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$81.25  
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

**11. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
GARCIA, CARLOS A  
4821 OLD OAK TREE CT.  
ORLANDO FL 32808

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VP  
WALLACE, JOHN T  
8030 N.W. 185TH TERRACE  
MIAMI FL 32808

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Carlos Garcia  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/26/02  
Date

407 340-4384  
Daytime Phone #

CR2E034B (12/01)