2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

May 18, 2001 8:00 am DOCUMENT # P99000024398 Secretary of State Distributed Object Systems Solutions, Inc 05-18-2001 91240 017 ***150.00 Principal Place of Business Mailing Address 3225 BEARCLAWWA 3225 BEARCLAW WAY Vanp5284 KISSIMMEE, FL34766 KKSIMMEE, FL34746 **对的域制的**数据数 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3571328 Not Applicable Zip Country Zlo Country \$8.75 Additional 5. Certificate of Status Desired Fee Reculred 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ENGINEER 3225 BEARCLAW WAY Street Address (P.O. Box Number is Not Acceptable) KissimmEE, FL 34746 City Zip Code 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) OATE 9. This corporation is eligible to satisfy its Intangible **新加州的1969年的** 10. Election Campaign Financing "After MAY 1: 2001 Fee will be \$550.00 ake Check Payable to Department of Sta \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Director TITLE ☐ Deleta MILE ☐ Addition Engineer 3225 Bearclaw Way NAME STREET ADDRESS STREET ADDRESS Kissimmee, FL34746 CITY-ST-ZIP CITY-ST-ZIP TITLE Director ☐ Delete TITLE Amita Engineer 3225 Bearclaw Way ☐ Chance Addition MALE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Kissimmee FL 34746 CITY-ST-ZIP MLE ☐ Delete Change ■ Addition MALE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-78P ☐ Delete TITLE ☐ Change ☐ Addition NAME HALE STREET ADDRESS STREET ADORESS CITY-ST-ZIF CHY-ST-78 TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP TITLE ☐ Detete ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-73P CITY-ST-ZP 13. I hereby certify that the information supplied with this filling 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 to changed, or on an attachment with an address, with all other like empowered.

FILED

Distributed Object Systems Solutions

3225 Bearclaw way Kissimmee, FL 34746-4815 USA (407) 390-9253 email: aengineer@netzero.net

April 23, 2001

Uniform Business Report Division of Corporations P. O. Box 1500 Tallahassee, FL 32302

Re:

Uniform Business Report - Possible duplicate filing.)

Dear Sir/Madam:

This is to inform you that we, Distributed Object Systems Solutions, Inc. may have already filed this form for this year. Unfortunately we are not sure of that and would appreciate it greatly if you could confirm that before accepting this form. In the event that we have indeed filed it, please tear up this entire submission or if you prefer, return it to the above address.

We appreciate your assistance and consideration in this matter. If you have any questions or concerns, please feel to contact us at (407)390-9253.

Sincerely,

Amita Engineer

DIRECTOR, D.O.S.S.