FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # p99 000029859

1. Entity Name
Accomeb Data Solutions, Inc.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Mar 11, 2002 8:00 am Secretary of State

03-11-2002 90071 014 ***150.00

DO NOT WRITE	IN THIS SP	420187		
2. Principal Place of Business 1385 W Cumino Real Suite, Apt. #, etc. 3. Mailing Address 1385 W Cumino Real Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
Boca Ruton, FC	City's State Broca Rater FC		4. FEI Number 6.5 09057 9 Applied For Not Applicable	
33486 Country USA	150ca Kush 210 33486	Country SA	6.5 . 0 9 0 5 7 9 5. Certificate of Status Desired □	\$8.75 Additional Fee Required
To Name and Address of Current Registered Agent Name Silver hight, Pavid Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City Boca Rafun FL Zip Code 33486				
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 little 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 \$61.25 Make Check Payable to Department of State			10. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
11. OFFICERS AND D TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Ren 1 33486	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		CR2E034B (12/01)
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13. I hereby certify that the information supplied with the indicated on this report or supplemental report is true of the corporation of the receives or trustee emporattachment with an autress. In all other like emporation of the received or trustee in the respective of the res	nis filing does not qualify for the ue and accurate and that my s wered to execute this report a owered.	e exemption stated in Se signature shall have the s required by Chapter 6	ection 119.07(3)(i), Florida Statutes. I further same legal effect as if made under oath; tha 07, Florida Statutes; and that my name app	certify that the information it I am an officer or director ears in Block 11 or on an