

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 29, 2000 8:00 am**  
**Secretary of State**

08-29-2000 90032 029 \*\*\*550.00

**DOCUMENT # P99000093815**

1. Entity Name  
**EASTERN CLIENT SERVERS INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business 926 N.W. 13TH ST. GAINESVILLE FL 32601	Mailing Address 926 N.W. 13TH ST. GAINESVILLE FL 32601
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2. Principal Place of Business Suite, Apt. #, etc. <b>926 NW 13<sup>th</sup> St</b> City & State <b>Gainesville, Florida</b> Zip <b>32601</b>	Country <b>U.S.A</b>	3. Mailing Address Suite, Apt. #, etc. <b>926 NW 13<sup>th</sup> St</b> City & State <b>Gainesville, Florida</b> Zip <b>32601</b>	Country <b>U.S.A</b>
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4. FEI Number <b>59-3605594</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**RAJASEKARAN, JOHN**  
**926 N.W. 13TH ST.**  
**GAINESVILLE FL 32601**

7. Name and Address of New Registered Agent

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City **FL** Zip Code \_\_\_\_\_

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.   
 (See criteria on back)

**FILE NOW!!! FEE IS \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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	<input type="checkbox"/> Delete	<b>PRESIDENT</b> <b>Dorothy John</b> <b>926 NW 13<sup>th</sup> St</b> <b>Gainesville, FL 32601</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>CEO</b> <b>John Rajasekaran</b> <b>926 NW 13<sup>th</sup> St</b> <b>Gainesville, FL 32601</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **SIGNATURE OF REGISTERED AGENT** **DOROTHY JOHN** **08/20/00** **(352) 379 3737**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/00)