

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Sep 10, 2003 8:00 am  
Secretary of State

09-10-2003 90067 022 \*\*\*550.00

DOCUMENT # **P99000093815**

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



Principal Place of Business <b>1831 NW 13TH ST SUITE 5 GAINESVILLE FL 32609</b>	Mailing Address <b>1831 NW 13TH ST SUITE 5 GAINESVILLE FL 32609</b>
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2. Principal Place of Business <b>710 NW 38<sup>TH</sup> ST SUITE, Apt. #, etc. GAINESVILLE, FL</b>	3. Mailing Address <b>710 NW 38<sup>TH</sup> ST SUITE, Apt. #, etc. GAINESVILLE, FL</b>
City & State <b>32607 USA</b>	City & State <b>32607 USA</b>
Zip <b>32607</b>	Country <b>USA</b>

CHECK HERE IF MAKING CHANGES

4. FEI Number <b>59-3605594</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>RAJASEKARAN, JOHN 1831 NW 13TH ST SUITE 5 GAINESVILLE FL 32609</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* DATE **8/25/03**

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

**FILE NOW!!! FEE IS \$550.00**  
After September 10, 2003 Fee will be \$750.00  
Make Check Payable to Florida Department of State

Chk # **7201 / 8/25/03**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>P</b>	<input type="checkbox"/> Delete	TITLE <b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>DOROTHY, JOHN</b>		NAME <b>DOROTHY, JOHN</b>	
STREET ADDRESS <b>1831 NW 13TH ST, SUITE 5</b>		STREET ADDRESS <b>710 NW 38<sup>TH</sup> ST</b>	
CITY-ST-ZIP <b>GAINESVILLE FL 32609</b>		CITY-ST-ZIP <b>GAINESVILLE, FL 32607</b>	
TITLE <b>CEO</b>	<input type="checkbox"/> Delete	TITLE <b>CEO</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>RAJASEKARAN, JOHN</b>		NAME <b>RAJASEKARAN, JOHN</b>	
STREET ADDRESS <b>1831 NW 13TH ST, SUITE 5</b>		STREET ADDRESS <b>710 NW 38<sup>TH</sup> ST</b>	
CITY-ST-ZIP <b>GAINESVILLE FL 32609</b>		CITY-ST-ZIP <b>GAINESVILLE, FL 32607</b>	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** DATE **8/25/03** DAYTIME PHONE # **352.379.3737**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (4/03)