2001 UNIFORM BUSINESS REPORT (UBR)

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Mar 15, 2001 8:00 am **DOCUMENT # \$39095 Secretary of State** 1. Entity Name DALLASTONE SYSTEM SOLUTIONS, INC. 03-15-2001 90177 025 ***150.00 Principal Place of Business Mailing Address PO BOX 551260 PO BOX 551260 JACKSONVILLE FL 32255 JACKSONVILLE FL 32255 C0034106 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 59-3057331 Not Applicable Zip 7in Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SCHNEIDER, MICHAEL N. Street Address (P.O. Box Number is Not Acceptable) 5150 BELFORT RD **BLDG 100** JACKSONVILLE FL 32256 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. **DPST** TITLE Delete DACKS, BARRY C. NAME NAME AZZI BAYMEADOWS RD STREET ADDRESS STREET ADDRESS 9428 BAYMEADOWS RD. STE. 131 CITY-ST-ZIP CITY-ST-ZIP Jacksonville FL 32256... TITLE TITLE DACKS, LINDA NAME NAME STREET ADDRESS STREET ADDRESS .9428_BAYMWADOWS_RD., STE: 131 CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32256-TITLE **Dallastone System Solutions, Inc.** ☐ Change Addition ☐ Delete TITLE NAME NAME 4221 Baymeadows Rd. Suite 15 STREET ADDR STREET ADDRESS Jacksonville, FL 32217 CITY-ST-ZIP CITY-ST-ZIP Phone: 904-448-0337 ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME web: http://www.dallastone.com STREET ADDRESS STREET ADDRE CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Delete TITLE ☐ Change Addition X 1 Bay medidows Rd #15 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 path; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report or required by Chapter 69), 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. CITY-ST-ZIP 13. I hereby certify that the information supplied with this