

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# S82988

FILED
Feb 17, 2002 8:00 AM
Secretary of State

Entity Name: CAMBRIDGE MANAGEMENT SCIENCES, INC.

Current Principal Place of Business:

4285 45TH STREET SOUTH
ST. PETERSBURG, FL 337143429

New Principal Place of Business:

Current Mailing Address:

4285 45TH STREET SOUTH
ST. PETERSBURG, FL 337114431 US

New Mailing Address:

FEI Number: 59-3099757

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, JAMES A.
4285 45TH ST. SOUTH
ST. PETERSBURG, FL 33711

Name and Address of New Registered Agent:

SMITH, JAMES A.
4285 45TH ST. SOUTH
ST. PETERSBURG, FL 33711

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: JAMES A. SMITH

02/17/2002

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: SMITH, JAMES A.,
Address: 4285 45TH ST. SOUTH
City-St-Zip: ST. PETERSBURG, FL

Title: DVST () Delete
Name: SMITH, SONIA A.
Address: 4285 45TH ST. SOUTH
City-St-Zip: ST. PETERSBURG, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: SMITH, JAMES A.
Address: 4285 45TH ST. SOUTH
City-St-Zip: ST. PETERSBURG, FL 33711 US

Title: DVST (X) Change () Addition
Name: SMITH, SONIA A.
Address: 4285 45TH ST. SOUTH
City-St-Zip: ST. PETERSBURG, FL 33711 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES A. SMITH

DP

02/17/2002

Electronic Signature of Signing Officer or Director

Date