

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# V09702

FILED
Mar 08, 2002 8:00 AM
Secretary of State

Entity Name: COMPUTER INTERNATIONAL CONSULTANTS, INC.

Current Principal Place of Business:

1111 N WESTSHORE BLVD
SUITE 200-B
TAMPA, FL 336074705 US

New Principal Place of Business:

550 NORTH REO STREET
SUITE 300
TAMPA, FL 33609 US

Current Mailing Address:

1111 N WESTSHORE BLVD
SUITE 200-B
TAMPA, FL 336074705 US

New Mailing Address:

550 NORTH REO STREET
SUITE 300
TAMPA, FL 33609 US

FEI Number: 59-3101465

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MICHAEL R. MITCHELL
4502 WYNKOOP CIRCLE
SUITE 104
PORT CHARLOTTE, FL 33948 US

Name and Address of New Registered Agent:

MITCHELL, LINDA M MS.
109 5TH STREET EAST
TIERRA VERDE, FL 33715 US

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: LINDA M. MITCHELL

03/08/2002

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: CT () Delete
Name: MITCHELL, MICHAEL R.
Address: 1111 N WESTSHORE BLVD #200B
City-St-Zip: TAMPA, FL 336074705

Title: V () Delete
Name: MITCHELL, HELEN M.
Address: 1111 N WESTSHORE BLVD #200B
City-St-Zip: TAMPA, FL 336074705

Title: PS () Delete
Name: MITCHELL, LINDA
Address: 1111 N WESTSHORE BLVD #200B
City-St-Zip: TAMPA, FL 336074705

Title: V (X) Delete
Name: CONFER, DONNA M
Address: 1111 N WESTSHORE BLVD #200B
City-St-Zip: TAMPA, FL 336074705

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change () Addition
Name: MITCHELL, MICHAEL R MR.
Address: 4502 WYNKOOP CIRCLE
City-St-Zip: PORT CHARLOTTE, FL 33948 US

Title: PST (X) Change () Addition
Name: MITCHELL, LINDA M MS.
Address: 109 5TH STREET EAST
City-St-Zip: TIERRA VERDE, FL 33715 US

Title: V (X) Change () Addition
Name: MITCHELL, HELEN M MRS.
Address: 4502 WYNKOOP CIRCLE
City-St-Zip: PORT CHARLOTTE, FL 33948 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: LINDA M. MITCHELL

PST

03/08/2002

Electronic Signature of Signing Officer or Director

Date