2000 UNIFORM BUSINESS REPORT (UBR)

Suite, Apt. #, etc.

City & State

DOCUMENT # V43849 1. Entity Name

2. Principal Place of Business

Suite, Apt. #, etc.

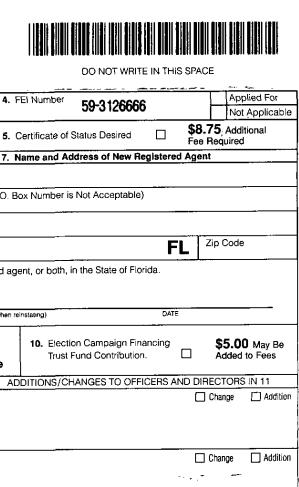
City & State

REVELATION COMPUTER SYSTEMS, INC.

Mailing Address Principal Place of Business 1331 BOYER ST. 1331 BOYER ST. LONGWOOD FL 32750 LONGWOOD FL 32750-7525 3. Mailing Address

Apr 21, 2000 8:00 am Secretary of State

04-21-2000 90140 005 ***150.00



Ζip		Country		,	5. (Certificate of Status Desired	Fee Required	I
	6. Name	and Address of Current	.LRegistered Agent	Т	7. [Name and Address of New Registered		
				Name				
BARBER, JOHN F. 1331 BOYER ST.				Street Addre	Street Address (P.O. Box Number is Not Acceptable)			
	GWOOD FI							
				City		FL	Zip Code	
. The above	named entity	y submits this statement fo	r the purpose of changing its	registered office or reg	istered ag	gent, or both, in the State of Florida.		
GNATURE _						einstating) DATE		
	Signature, typed	or printed name of registered agent a	and title if applicable. (NOTE	: Registered Agent signature re-	quired when re	einstating) DATE		
This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! FE After MAY 1, 2000 Fe Make Check Payable to					State	Election Campaign Financing Trust Fund Contribution.	Added	May Be to Fees
11.		OFFICERS AND	DIRECTORS	12.	ΑC	ODITIONS/CHANGES TO OFFICERS AND	DIRECTORS	3 IN 11
ITLE NAME STREET ADDRESS CITY-ST-ZIP	P Barber, 1331 Bo' Longwo	yer st.	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
ITLE IAME TREET ADDRESS	T BARBER, 1331 BO LONGWO	LORI L YER ST.	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition
ITLE IAME TREET ADDRESS ITY-ST-ZIP	Eorione	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
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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: