I hereby 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 all other like empowered.

SIGNATURE: WAYNE SCHEUFFELE

Electronic Signature of Signing Officer/Director Detail

PRESIDENT

04/18/2016

Date

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:

Electronic Signature of Registered Agent

# **Officer/Director Detail :**

Title D SCHEUFFELE, WAYNE Name 826 CAROLINA ST Address City-State-Zip: WOODBRIDGE CA 95258

# 2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

# DOCUMENT# P00000059363

#### Entity Name: BEACON PROFESSIONAL COMPUTER SERVICES, INC.

### **Current Principal Place of Business:**

13176 NORTH DALE MABRY HIGHWAY #120 TAMPA, FL 33618

#### **Current Mailing Address:**

13176 NORTH DALE MABRY HIGHWAY #120 TAMPA, FL 33618

#### FEI Number: 59-3653053

### Name and Address of Current Registered Agent:

AMAN LAW FIRM 14001 N. DALE MABRY HWY TAMPA, FL 33618 US

Date

FILED Apr 18, 2016 Secretary of State CC2710633533

Certificate of Status Desired: No