2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Aug 29, 2001 8:00 am Secretary of State DOCUMENT # P00000059363 1. Entity Name BEACON PROFESSIONAL COMPUTER SERVICES, INC. 08-29-2001 90008 028 ***550.00 Principal Place of Business Mailing Address 7132 TRYSAIL CIRCLE 8488 W. HILLSBOROUGH AVE., #105 TAMPA FL 33607 **TAMPA FL 33615** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For *59-3653053* Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired .Fee.Required. 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent EFFREY AMA λ MITCHELL, JAMES R Street Address (P.O. Box Number is Not Acceptable) 14502 N. DALE MABRY DALE MABRY **TAMPA FL 33618** City 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. 8/22/01 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 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 September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE (5/01)☐ Delete TITLE ☐ Change ☐ Addition NAME SCHEUFFELE, WAYNE NAME STREET ADDRESS 7132 TRYSAIL CIRCLE CR2E034 STREET ADDRESS CITY-ST-ZIP TAMPA FL 33607 CITY-ST-ZIP TITLE ☐ Change ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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 wijh an address, with all other like empowered.