# 2003 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Jul 03, 2003**
**Secretary of State**

DOCUMENT# F94000002034

**Entity Name:** ST. PAUL COMPUTER CENTER, INC.

**Current Principal Place of Business:**

300 HOSPITAL DRIVE
SUITE 30
GLEN BOWIE, MD 210615770 US

**New Principal Place of Business:**

**Current Mailing Address:**

300 HOSPITAL DRIVE
SUITE 30
GLEN BOWIE, MD 210615770 US

**New Mailing Address:**

**FEI Number: 52-0902065** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

HARTLOVE, HENRY F
7660 BENJI RIDGE TRAIL
KISSIMMEE, FL 347471948 US

**Name and Address of New Registered Agent:**

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 — Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete
Name: LEVINSKY, FREDERICK P
Address: 13536 FORK ROAD
City-St-Zip: BALDWIN, MD 210139302 US

Title: D ( ) Delete
Name: HARTLOVE, HENRY W
Address: 2009 KIWI TRAIL
City-St-Zip: CLERMONT, FL 347117226 US

Title: VP ( ) Delete
Name: REITTERER, BOYCE C
Address: 5616 FRIENDSHIP ROAD
City-St-Zip: RELAY, MD 212274205 US

Title: VPSD ( ) Delete
Name: LEWIS, ROBERT H
Address: 205 MARGATE ROAD
City-St-Zip: LUTHERVILLE, MD 210935230 US

Title: VPTD ( ) Delete
Name: HARTLOVE, HENRY F
Address: 7660 BENJI RIDGE TRAIL
City-St-Zip: KISSIMMEE, FL 347471948 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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: HENRY F HARTLOVE VPTD 07/03/2003

Electronic Signature of Signing Officer or Director — Date