2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNIN

Feb 12, 2002 8:00 am L34656 DOCUMENT # **Secretary of State** 1. Entity Name WALKABOUT COMPUTERS, INC. 02-12-2002 90050 045 ***150.00 Principal Place of Business Mailing Address 2655 NORTH OCEAN DRIVE 2655 NORTH OCAN DRIVE SUITE 510 SUITE 510 SINGER ISLAND FL 33404 SINGER ISLAND FL 33404-4751 2. Principal Place of Business 3. Mailing Address 1501 Northpoint PKWY 1501 Northooint PKWY DO NOT WRITE IN THIS SPACE #104 #104 City & State W. Pa 4. FEI Number Applied For 65-0162070 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired usA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324 City Zip Code 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 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 May 1, 2002 Fee will be \$550.00 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 12. TITLE ☐ Change CR2E034 (9/01) ☐ Defete MCCARTHY, KEVIN NAME NAME 505 FIFTH AVENUE STREET ADDRESS STREET ADDRESS NEW YORK NY 10022 CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE Change Addition DAVID GRAINGER 8137 Sandpiper Way MARSON, PHILLIP NAME NAME 1020 GRAND ISLE TERRACE STREET ADDRESS STREET ADDRESS PALM BCH GDNS FL 33418 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition MANION, DIXIE NAME NAME 4674 DURHAM ST STREET ADDRESS STREET ADDRESS HAVERHILL FL 33417 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Delete TITI F ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 with an address, with all other like empowered.