## **2003 FOR PROFIT CORPORATION**

## **UNIFORM BUSINESS REPORT (UBR**

L34656

1. Entity Name

**DOCUMENT #** 

WALKABOUT COMPUTERS, INC.

Principal Place of Business 1501 NORTHPOINT PKWY SUITE 104 WEST PALM BEACH FL 33407 US		Mailing Address 1501 NORTHPOINT PKWY SUITE 104 WEST PALM BEACH FL 33407 US							
2. Principal Place of Business		3. Mailing Address			- 	! BJ&		ALBIN BIRNI B	1871 <b>418</b> 11 1 <b>88</b> 1
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
City & State		City & State			4. FEI Numbe	FEI Number <b>65-0162070</b>			oplied For of Applicable
Zip	Country	Zip	Country		5. Certificate	i. Certificate of Status Desired S8.75 Additional Fee Required			
6. Name and Address of Current Registered Age				7. Name and Address of New Registe			stered Ag	ent	
				Name					
CT CORP	ORATION SYSTEM		Street Address (F			P.O. Box Number is Not Acceptable)			
1200 SOL	ITH PINE ISLAND RD.		Silect Address (i						
PLANTATI	ON FL 33324								
				City			FL	Zip Code	e
8. The above	named entity submits this statement fo	r the nurpose of chang	ing its register	d office or register	red agent, or both	n in the State of Florida		L niliar with	and accept
	tions of registered agent.	, and parpoon or origing	ing to region	5 5 m 5 5 7 m 5 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1	ou again, or son	,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,	. ,		
SIGNATURE	Signature, typed or printed name of registered agent is	and title if applicable.	(NOTE: Registere	d Agent signature required	d when reinstating)		DATE		<del></del>
E	ILE NOW!!! FEE IS \$150.00		<del></del>						
After May 1, 2003 Fee will be \$550.00					1	ction Campaign Financ	~ —		<b>0</b> May Be
	k Payable to Florida Department of	State			irus	st Fund Contribution.		Added	to Fees
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/0	CHANGES TO OFFICE	RS AND D	IRECTOR	S IN 11
TITLE	D	☐ Delete	: TITL	E				Change	☐ Addition
NAME	MCCARTHY, KEVIN		NAM						i
	505 FIFTH AVENUE			ET ADDRESS					
CITY-ST-ZIP	NEW YORK NY 10022		CITY	-ST-ZIP					
TITLE	T.	☐ Delete						Change	Addition
NAME	MANION, DIXIE		, NAM	E ET ADDRESS					
STREET ADDRESS  CITY-ST-ZIP	4674 DURHAM ST HAVERHILL FL 33417	للمنصف الأرام الواران والمساعات		-ST-ZIP			<del>-</del>		و حس
TITLE	P	☐ Delete						Change	☐ Addition
NAME	GRAINGER, DAVID	L Delete	NAM	1			_	_ onlinge	L) riddirion
STREET ADDRESS	8137 SANDPIPER WAY		STRE	ET ADDRESS					i
CITY-ST-ZIP	PALM BEACH GARDENS FL 3341	2	CITY	-ST-ZIP					
TITLE		☐ Delete	; TITL					Change	☐ Addition
NAME			NAM	E					
STREET ADDRESS				ET ADDRESS					
CITY-ST-ZIP				- ST- ZIP					
TITLE		☐ Delete		I			Ē	Change	Addition
NAME STREET ADDRESS			MAN	ET ADDRESS					1
CITY-ST-ZIP				-ST-ZIP					
TITLE	<del></del>	☐ Delete		<del></del>				Change	Addition
NAME		L Delete	NAM	l l			L	_ onlinge	
STREET ADORESS				ET ADDRESS					ļ

CITY-ST-ZIP

**SIGNATURE:** 

CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**FILED** 

Jan 27, 2003 8:00 am Secretary of State

01-27-2003 90137 042 \*\*\*150.00