

# 2000 UNIFORM BUSINESS REPORT (UBR)

L10041 AF

**DOCUMENT # L98000000068**  
 1. Entity Name  
**COMPUTER MILL, L.C.**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

00 JUN 16 PM 4:29



Principal Place of Business      Mailing Address  
 % JOHN THOMPSON      % JOHN THOMPSON  
 3142 ASHRIDGE DR.      3142 ASHRIDGE DR.  
 JACKSONVILLE FL 32225      JACKSONVILLE FL 32225-1772

2. Principal Place of Business      3. Mailing Address  
**3031-1 MONUMENT RD.**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**JACKSONVILLE, FL**  
 Zip      Country      Zip      Country  
**32225**      **USA**

4. FEI Number      Applied For  
**59-3493246**      Not Applicable  
 5. Certificate of Status Desired      \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**THOMPSON, JOHN**  
**3142 ASHRIDGE DR.**  
**JACKSONVILLE FL 32225**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	<b>McRM</b> THOMPSON, JOHN	3142 ASHRIDGE DR.	JACKSONVILLE FL 32225
	<b>McRM</b> MCBRIDE, GERALD	10201 W. BEAVER ST., #93	JACKSONVILLE FL 32201

10. ADDITIONS/CHANGES			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:      **SIGNATURE REQUIRED**      3-31-00      904-646-1150  
Signature and typed or printed name of signing managing member or manager      Date      Daytime Phone #

CR2E083 (9/99)