## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED Mar 06, 2001 8:00 am Secretary of State DOCUMENT # P96000041414 COMP-U-SAVE COMPUTERS, INC. 03-06-2001 90355 044 \*\*\*158.75 Mailing Address Principal Place of Business 7229 STATE ROAD 52 7229 STATE ROAD 52 HUDSON FL 34667 HUDSON FL 34667 2. Principal Place of Business 3. Mailing Address 7229 STATE SAMe DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State Hud So N 59-3509653 Not Applicable \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required tasco 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ROCKWELL, RODNEY R Street Address (P.O. Box Number is Not Acceptable) 8536 BRAXTON DR. HUDSON FL 34667 Zip Code City FL 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Addition Change ☐ Delete TITLE ROCKWELL, RODNEY R NAME STREET ADDRESS 8536 BRAXTON DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP HUDSON FL 34667 ☐ Addition TITLE ☐ Change ☐ Delete TITLE NAME ROCKWELL, RICKIE E NAME STREET ADDRESS 9239 BINNACLE DRIVE, APT. 4012 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PORT RICHEY FL 34668 ☐ Change Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE 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.

JRE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RODNEY RROCKWell 3-2-01 727-862-9828