

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 31, 2000 8:00 am**  
**Secretary of State**

05-31-2000 90081 044 \*\*\*150.00

**DOCUMENT # P98000030333**

1. Entity Name  
**COMPUSAVE MICROSYSTEMS, INC.**

Principal Place of Business 73 WEST COLONIAL DRIVE ORLANDO FL 32801	Mailing Address 73 WEST COLONIAL DRIVE ORLANDO FL 32801-1372
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2. Principal Place of Business <i>7238 W Colonial Drive</i>	3. Mailing Address <i>7238 W Colonial Drive</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <i>Orlando FL</i>	City & State <i>Orlando FL</i>	4. FEI Number <b>59-3505005</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <i>32818</i>	Country <b>USA</b>	Zip <i>32818</i>	Country <b>USA</b>



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**HARGROVE, CHARLES D ESQ**  
**LAW OFFICE OF SAVAGE-GASTON, HOGAN & HARGR**  
**801 N. MAGNOLIA AVENUE, SUITE 402**  
**ORLANDO FL 32803-3851**

7. Name and Address of New Registered Agent  
 Name *Michael Smith*  
 Street Address (P.O. Box Number is Not Acceptable)  
*7238 W Colonial Drive*  
 City *Orlando* FL Zip Code *32818*

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]* DATE *5-23-00*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  **FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**  
 10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD <b>SMITH, MICHAEL W</b> <b>4516 ROSEMORE DRIVE</b> <b>ORLANDO FL 32810</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD <i>Michael Smith</i> <i>7238 W Colonial Drive</i> <i>Orlando FL 32818</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: *[Signature]* DATE: *5-23-00*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)