

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 657276

1. Entity Name

MINICOMPUTER SPECIALISTS, INC.

FILED

Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90491 031 ***150.00

Principal Place of Business

455 DOUGLAS AVENUE
SUITE 1855
ALTAMONTE SPRINGS FL 32714

Mailing Address

P.O. BOX 915389
LONGWOOD FL 32791-5389

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

10412 Shadow Oak Tr

Suite, Apt. #, etc.

P.O. Box 121067

City & State

Clermont, FL

City & State

Clermont, FL

Zip

34711

Country

USA

Zip

34712-1067

Country

USA

4. FEI Number

59-1999365

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

THOMAS, AMY P
400 GOLF BROOK CIR.
APT. 200
LONGWOOD FL 32779

7. Name and Address of New Registered Agent

Name

Thomas, Amy P.

Street Address (P.O. Box Number is Not Acceptable)

10412 Shadow Oak Tr

City

Clermont

FL

Zip Code

34711

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

Amy P Thomas

Amy P. Thomas Sec/Treas

03/07/01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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 P
NAME THOMAS, LAWRENCE D
STREET ADDRESS 400 GOLF BROOK CIR., APT. 200
CITY-ST-ZIP LONGWOOD FL 32789 ☐ Delete

TITLE ST
NAME THOMAS, AMY P
STREET ADDRESS 400 GOLF BROOK CIR., APT. 200
CITY-ST-ZIP LONGWOOD FL 32789 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS 10412 Shadow Oak Tr
CITY-ST-ZIP Clermont, FL 34711 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS 10412 Shadow Oak Tr
CITY-ST-ZIP Clermont, FL 34711 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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: L D Thomas, Lawrence D Thomas, President 3/7/01 407 399 2990
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0478583

CR2E034 (10/00)