

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 21, 2002 8:00 am**  
**Secretary of State**

02-21-2002 90113 040 \*\*\*150.00

**DOCUMENT # 829831**

1. Entity Name

**JIM WALTER COMPUTER SERVICES, INC.**

Principal Place of Business

**1500 N. DALE MABRY  
TAMPA FL 33607-2551**

Mailing Address

**1500 N. DALE MABRY  
TAX DEPT. 7-EAST  
TAMPA FL 33607-2551**

2. Principal Place of Business

**4211 W. Boy Scout Blvd.**

3. Mailing Address

**4211 W. Boy Scout Blvd.**

Suite, Apt. #, etc.  
**Suite 1000**

Suite, Apt. #, etc.

**Tax Dept. Suite 1000**

City & State

**Tampa, FL 33607**

City & State

**Tampa, FL 33607**

Zip

Country

Zip

Country

4. FEI Number

**59-1438152**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

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

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, 2002 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          | V                                | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>HULT, FRANK A</b>             |  |
| STREET ADDRESS | <b>1500 N DALE MABRY HWY</b>     |  |
| CITY-ST-ZIP    | <b>TAMPA FL 33607</b>            |  |
| TITLE          | V                                | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>LAMMONS, W.M.</b>             |  |
| STREET ADDRESS | <b>1500 N DALE MABRY HWY</b>     |  |
| CITY-ST-ZIP    | <b>TAMPA, FL 00000</b>           |  |
| TITLE          | V                                | <input type="checkbox"/> Delete            |
| NAME           | <b>VANOVERBEKE, BONNIE</b>       |  |
| STREET ADDRESS | <b>1500 NORTH DALE MABRY HWY</b> |  |
| CITY-ST-ZIP    | <b>TAMPA FL 33607</b>            |  |
| TITLE          | AT                               | <input type="checkbox"/> Delete            |
| NAME           | <b>EISCH, CYNTHIA B</b>          |  |
| STREET ADDRESS | <b>1500 NORTH DALE MABRY HWY</b> |  |
| CITY-ST-ZIP    | <b>TAMPA FL</b>                  |  |
| TITLE          | S                                | <input type="checkbox"/> Delete            |
| NAME           | <b>PORTER EDWARD A</b>           |  |
| STREET ADDRESS | <b>1500 N DALE MABRY HWY</b>     |  |
| CITY-ST-ZIP    | <b>TAMPA FL</b>                  |  |
| TITLE          | AS                               | <input type="checkbox"/> Delete            |
| NAME           | <b>SNOW, MARY C</b>              |  |
| STREET ADDRESS | <b>1500 N DALE MABRY HWY</b>     |  |
| CITY-ST-ZIP    | <b>TAMPA FL</b>                  |  |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                                |  |
|----------------|--------------------------------|--|
| TITLE          | VD                             | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>William F. Ohrt</b>         |  |
| STREET ADDRESS | <b>4211 W. Boy Scout Blvd.</b> |  |
| CITY-ST-ZIP    | <b>Tampa, FL 33607</b>         |  |
| TITLE          | VT                             | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>Joseph J. Troy</b>          |  |
| STREET ADDRESS | <b>4211 W. Boy Scout Blvd.</b> |  |
| CITY-ST-ZIP    | <b>Tampa, FL 33607</b>         |  |
| TITLE          |                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           | <b>4211 W.Boy Scout Blvd.</b>  |  |
| STREET ADDRESS |                                |  |
| CITY-ST-ZIP    |                                |  |
| TITLE          |                                | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>4211 W.Boy Scout Blvd.</b>  |  |
| STREET ADDRESS |                                |  |
| CITY-ST-ZIP    |                                |  |
| TITLE          |                                | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>4211 W.Boy Scout Blvd.</b>  |  |
| STREET ADDRESS |                                |  |
| CITY-ST-ZIP    |                                |  |
| TITLE          |                                | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>4211 W.Boy Scout Blvd.</b>  |  |
| STREET ADDRESS |                                |  |
| 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.

**JIM WALTER COMPUTER SERVICES, INC.**

**SIGNATURE: By Cynthia B. Eisch, Asst. Treasurer, 2/15/2002 813.871.4273**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)