

**2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # **835201** ✓

1. Entity Name

Computer Credit, Inc.

**FILED**  
**Mar 05, 2001 8:00 am**  
**Secretary of State**

03-05-2001 90303 047 \*\*\*150.00

Principal Place of Business

640 West 4th St.  
Winston-Salem, NC  
27101

Mailing Address

P. O. Box 5238  
Winston-Salem, NC  
27113-5238**C0029804**

2. Principal Place of Business

640 W. 4th St.

3. Mailing Address

P. O. Box 5238

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City &amp; State

Winston-Salem, NC

City &amp; State

Winston-Salem, NC

4. FEI Number

56-1021667

Applied For

Not Applicable

Zip

27101

Country

USA

Zip

27113

Country

USA

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Barber, Gary S.  
Broward Financial Center, 17th Floor  
500 E. Broward Blvd.  
Ft. Lauderdale, FL 33394

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President, Treas., Dir. ☐ Delete  
NAME Lake, J. Gilmour  
STREET ADDRESS 819 Devon Court  
CITY-ST-ZIP Winston-Salem, NC 27104TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE Vice Pres., Interface ☐ Delete  
NAME Manuel, Rickie L. Development  
STREET ADDRESS 176 Wayside Dr.  
CITY-ST-ZIP Winston-Salem, NC 27107TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE Vice Pres., Sales ☐ Delete  
NAME O'Connor, Michael J.  
STREET ADDRESS 1044 Cross Gate Rd.  
CITY-ST-ZIP Winston-Salem, NC 27106TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE Director ☐ Delete  
NAME Pickett, London L.  
STREET ADDRESS 5176 Huntcliff Trail  
CITY-ST-ZIP Winston-Salem, NC 27104TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE Director ☐ Delete  
NAME Fulton, Paul  
STREET ADDRESS 1033 E. Kent Rd.  
CITY-ST-ZIP Winston-Salem, NC 27104TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE Vice Pres., Secr. ☐ Delete  
NAME Jordan, Charles  
STREET ADDRESS 700 Lankashire Rd.  
CITY-ST-ZIP Winston-Salem, NC 27106TITLE ☐ Change ☒ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Continued on Page 2

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 duly empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)

## Computer Credit, Inc. 2001 Uniform Business Report (UBR) Continued

attachment  
DH 83801

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

## SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Vice Pres., Client Serv. <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Barksdale, Elisabeth S.	1.2 NAME	
STREET ADDRESS	504 Wiley Ave.	1.3 STREET ADDRESS	
CITY-ST-ZIP	Winston-Salem, NC 27104	1.4 CITY-ST-ZIP	
TITLE	Vice Pres., Tech. Serv. <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Coffey, Jeff W.	2.2 NAME	
STREET ADDRESS	321 Jenwil Dr.	2.3 STREET ADDRESS	
CITY-ST-ZIP	Purlear, NC 28665	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

## SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)