

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F02000003160

1. Entity Name  
COMPUTER NEEDS INC.



FILED

04 FEB 12 PM 1:21

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Principal Place of Business  
9616 LONG MEADOW DR  
TAMPA FL 33615

Mailing Address  
9616 LONG MEADOW DR  
TAMPA FL 33615



2. Principal Place of Business

7530 WEST WATERS AVE.

3. Mailing Address

7530 WEST WATERS AVE.

Suite, Apt., etc.

SUITE P

Suite, Apt., etc.

SUITE P

☒ CHECK HERE IF MAKING CHANGES

City & State

TAMPA FL.

City & State

TAMPA FL.

4. FEI Number 37-1424146

Applied For

Not Applicable

Zip

33615

Country

HILLSBOROUGH

Zip

33615

Country

HILLSBOROUGH

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

6. Name and Address of Current Registered Agent

SMITH, TRACEY  
9616 LONG MEADOW DR  
TAMPA FL 33615

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

I, 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete  
NAME SMITH, BRANTLEY P III  
STREET ADDRESS 9616 LONG MEADOW DR  
CITY-ST-ZIP TAMPA FL 33615

TITLE VP ☒ Delete  
NAME WYSE, JASON  
STREET ADDRESS 11448 130TH AVE NORTH  
CITY-ST-ZIP LARGO FL 33778

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition  
700029125027  
02/20/04--01027--031 \*\*150.00

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

TITLE VP  
NAME TRACEY L. SMITH  
STREET ADDRESS 9616 LONG MEADOW DR.  
CITY-ST-ZIP TAMPA FL 33615 ☒ Addition

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

*Brantley P. Smith III*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/04  
Date

813-806-0484  
Daytime Phone #

CR2E034 (10/02)

0462140 AV