2000 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # F10107** 1. Entity Name DARN COMPUTER SERVICES, INC. Principal Place of Business Mailing Address 78 BROAD STREET 78 BROAD STREET SPRUCE PINE NC 28777 FLINT CENTER SPRUCE PINE NC 28777

Apr 14, 2000 8:00 am Secretary of State 04-14-2000 90126 006 ***150.00

					I (BRIGHE ITEL ITEGA BRIGH FIRM BRIGH	2002 B202 01021 01011 B1	Bil Biali Biai 1881
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRIT	E IN THIS SPACE	
City & State		City & State			4. FEI Number 59-2047632	2	Applied For Not Applicable
Zip	Country	Zip Country			5. Certificate of Status Desired	□ \$8.75 Fee Re	Additional
	6. Name and Address of Current Re	gistered Agent			7. Name and Address of New R	egistered Agent	
KUTCHERA, DOROTHY 3848 JASMINE LANE CORAL SPRINGS FL 33065				Name Street Address (P.O. Box Number is Not Acceptable)			
			City			FL Zip	Code
8. The above	named entity submits this statement for the stat		registered office			rida.	
Tax filing requirement and elects to do so After MAY 1			/!! FEE IS \$150.00 000 Fee will be \$550.00 ble to Department of Stat		10. Election Campaign Fin Trust Fund Contribution		\$5.00 May Be Added to Fees
11.	OFFICERS AND DI	RECTORS	12.		ADDITIONS/CHANGES TO OFFI	ICERS AND DIREC	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS KUTCHERA, ROBERT 1260 BLUE ROCK ROAD BURNSVILLE NC 28714	☐ Delete	TITLE NAME STREET ADOR CITY-ST-ZIP	ESS		☐ Cha	ange 🔲 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KUTCHERA, DOROTHY G 3348 JASMINE LANE CORAL SPRINGS FL 33065	☐ Delete	TITLE NAME STREET ADDR CITY-ST-ZIP	ess 3848	HERA, DOROTHY G. JA≶MINE LANE L SPRINGS, FL 3306	Æ , Cha	ange 🗌 Addition
TITLE - NAME STREET ADDRESS CITY-ST-ZIP	V FLINT, KUTCHERA A 1260 BLUE ROCK RD BURNSVILLE NC 28714	☐ Delete	TITLE NAME STREET ADDR CITY-ST-ZIP	ESS		Cha	ange
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KUTCHERA, NEIL 3848 JASMINE LN CORAL SPRINGS FL 33065	☐ Delete	TITLE NAME STREET ADOR CITY-ST-ZIP	ESS		☐ Cha	ange Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDR CITY-ST-ZIP	ESS		☐ Cha	ange Addition
TITLE NAME STREET AODRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDR CITY-ST-ZIP	ESS		☐ Cha	ange 🗌 Addition
13. I hereby of indicated	certify that the information supplied with the on this report or supplemental report is transfer or the receiver or trusted amounts.	is filing does not qualify foue and accurate and that r	r the exemption	stated in Sect	nion 119.07(3)(i), Florida Statutes. I me legal effect as if made under o	I further certify that bath; that I am an o	the information fficer or director

changed, or on an attachment with an address, with all other like empowered

SIGNATURE: