

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91793 035 ***150.00

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DOCUMENT # F36713

1. Entity Name
COMPUTERMAX, INC.



Principal Place of Business
**802 E. BAKER STREET
#3
PLANT CITY FL 33356
US**

Mailing Address
**802 E. BAKER STREET
#3
PLANT CITY FL 33356
US**



2. Principal Place of Business
**3107 SAMMONDS RD., Bldg 2
Suite, Apt. #, etc.
PO Box 1865**

3. Mailing Address
**3107 SAMMONDS RD. Bldg 2
Suite, Apt. #, etc.
PO Box 1865**

☐ CHECK HERE IF MAKING CHANGES

City & State
PLANT CITY, FL
Zip
33564 Country
USA

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PLANT CITY, FL
Zip
33564 Country
USA

4. FEI Number **59-2320618** Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**FALANY, CURTIS E
802 E. BAKER STREET
SUITE 3
PLANT CITY FL 33566**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
3107 SAMMONDS RD., Bldg 2
City
PLANT CITY FL Zip Code
33563

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

SIGNATURE **C.E. Falany, Dir** DATE **29 Apr '03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	PD FALANY, CURTIS 802 E. BAKER STREET #3 PLANT CITY FL 33566	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD FALANY, JO ELLEN 802 E. BAKER ST., SUITE #3 PLANT CITY FL 33566	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	3107 SAMMONDS RD. Bldg 2 PLANT CITY, FL 33563	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3107 SAMMONDS RD. Bldg 2 PLANT CITY, FL 33563	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **SIGNATURE REQUIRED** **Dir** **29 Apr '03** **813-752-9243**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)