

**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
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2. Principal Place of Business 3107 SAMMONDS RD., BLD 2 Suite, Apt. #, etc. PO BOX 1865	3. Mailing Address 3107 SAMMONDS RD. BLD 2 Suite, Apt. #, etc. PO BOX 1865
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CHECK HERE IF MAKING CHANGES

City & State PLANT CITY, FL	City & State PLANT CITY, FL	4. FEI Number 59-2320618	Applied For <input type="checkbox"/> Not Applicable
Zip 33564	Country USA	Zip 33564	Country USA

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS 3107 SAMMONDS RD. BLD 2	
CITY-ST-ZIP PLANT CITY, FL 33563	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS 3107 SAMMONDS RD. BLD 2	
CITY-ST-ZIP PLANT CITY, FL 33563	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: **SIGNATURE REQUIRED BY** **Dir** DATE **29 Apr '03** DAYTIME PHONE # **813-752-9243**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)