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**FILED** 

Jan 14, 2002 8:00 am

## 2002 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT #** F39947 Secretary of State 01-14-2002 90066 005 \*\*\*150.00 MTD COMPUTER SERVICES, INC. Principal Place of Business Mailing Address 5410 BOLD VENTURE PLACE 5450 COUNTY ROAD 581 0 4 4 1 0 4 #327 WESLEY CHAPEL FL 33544 US WESLEY CHAPEL FL 33543 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2936575 Not Applicable Zip Country Country \$8.75 Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BAYNARD, JR., WILLIAM T Street Address (P.O. Box Number is Not Acceptable) 1700 9TH STREET N. ST. PETERSBURG FL 33704-4206 City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE ☐ Delete TITLE Change GROULX, JR., JOHN NAME NAME 5410 Bold Venture Place Wesley Chapel, FL. 33544 6368 92ND PLACE N #1801 STREET ADDRESS CR2E034 STREET ADDRESS PINELLAS PARK FL CITY-ST-ZIP CITY-ST-ZIP **⊠** Change TITLE ☐ Delete TITLE ☐ Addition GROULX, DANA NAME 5410 Bold Venture Place Wesley Chapel, FL 33574 6368 92ND PALCE N #1801 PINELLAS PARK FL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IB TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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