

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000003602

1. Entity Name

AMERICAN COMPUTER REPAIR, INC.

*\* Final Report \**

Principal Place of Business

1605 N. CEDAR CREST  
STE 615  
ALLENTOWN PA 18104  
US

Mailing Address

1605 N. CEDAR CREST  
STE 615  
ALLENTOWN PA 18104  
US

2. Principal Place of Business

3. Mailing Address

*1748 Central Park*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

*OREFIELD, PA*

Zip

Country

Zip

Country

*18069-8907*

*Lehigh*

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BAKER, JAMES C  
3914 US HWY 301  
STE 400  
TAMPA FL 33619

Name

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

City

**FL**

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)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DP  
BAKER, JAMES C  
6330 FARM BUREAU RD.  
ALLENTOWN PA 18106 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
*1748 Central Park*  
*OREFIELD, PA 18069-8907*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DS  
WINGROVE, PAUL E  
6330 FARM BUREAU RD.  
ALLENTOWN PA 18106 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
*428 S. COCONUT PALM BLVD.*  
*TAVERNIER, FL 33070*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
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☐ Change ☐ Addition

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☐ Delete

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

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

SIGNATURE: *X James C. Baker* *CDO*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/02/01* *610-391-0100*  
Date Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

Form **7004**

(Rev. October 2000)

Department of the Treasury  
Internal Revenue Service**Application for Automatic Extension of Time  
To File Corporation Income Tax Return**942822  
OMB No. 1545-0233

Name of corporation

Employer identification number

**AMERICAN COMPUTER REPAIR INC.****23-2298235**

Number, street, and room or suite no. (If a P.O. box or outside the United States, see instructions.)

**1605 N. CEDAR CREST BLVD., SUITE 615**

City or town, state, and ZIP code

**ALLENTOWN, PA 18104**

Check type of return to be filed:

☐ Form 990-C☐ Form 1120-FSC☐ Form 1120-PC☒ Form 1120S☐ Form 1120☐ Form 1120-H☐ Form 1120-POL☐ Form 1120-SF☐ Form 1120-A☐ Form 1120-L☐ Form 1120-REIT☐ Form 1120-F☐ Form 1120-ND☐ Form 1120-RIC

• Form 1120-F filers: Check here if the foreign corporation does not maintain an office or place of business in the  
United States ☐

**1 Request for Automatic Extension (see instructions)****a Extension date.** I request an automatic 6-month (or, for certain corporations, 3-month) extension of time

until **SEPTEMBER 17, 2001**, to file the income tax return of the corporation named above for ☒ calendar  
year **2000** or ☐ tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

**b Short tax year.** If this tax year is for less than 12 months, check reason:☐ Initial return☐ Final return☐ Change in accounting period☐ Consolidated return to be filed**2 Affiliated group members (see instructions).** If this application also covers subsidiaries to be included in a consolidated return, provide the following information:

Name and address of each member of the affiliated group	Employer identification number	Tax period

**3 Tentative tax****3****0.****4 Payments and refundable credits:****a Overpayment credited from prior year****4a****b Estimated tax payments for the tax year****4b****c Less refund for the tax year****4c**

applied for on Form 4466

Bal ▶

**4d****e Credit for tax paid on undistributed capital gains (Form 2439)****4e****f Credit for Federal tax on fuels (Form 4136)****4f****5 Total.** Add lines 4d through 4f**5****0.****6 Balance due.** Subtract line 5 from line 3. Deposit this amount using the Electronic Federal**6****0.**

Tax Payment System (EFTPS) or with a Federal Tax Deposit (FTD) Coupon

**Signature.** Under penalties of perjury, I declare that I have been authorized by the above-named corporation to make this application, and to the best of my knowledge and belief, the statements made are true, correct, and complete.

(Signature of officer or agent)

(Title)

(Date)

7044 2400 0000 8578 4437