

# 2000 UNIFORM BUSINESS REPORT (UBR)

6/

**FILED**  
**Aug 15, 2000 8:00 am**  
**Secretary of State**

06-29-2000 90632 049 \*\*\*150.00  
 08-15-2000 90018 020 \*\*\*400.00

**DOCUMENT # F98000001923**

1. Entity Name

**COMPUTEC INTERNATIONAL RESOURCES, INC.**

Principal Place of Business

801 NO. BRAND, SUITE 650  
 GLENDALE CA 91202-1243

Mailing Address

18301 VAN KARMAN  
 600  
 IRVINE CA 92612-0188

2. Principal Place of Business

**31440 NORTHWESTERN**

Suite, Apt. #, etc.

3. Mailing Address

**31440 NORTHWESTERN**

Suite, Apt. #, etc.

City & State

**FARM. HILLS, MI**

City & State

**FARM. HILLS, MI**

Zip

**48334-2564**

Country

**U.S.A.**

Zip

**48334-2564**

Country

**U.S.A.**

4. FEI Number

**33-0754201**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.  
 526 E. PARK AVENUE  
 TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

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, 2000 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PCEO CANNEN, DAVID M 18301 VAN KARMAN #600 IRVINE CA 92612</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP TIPTON, RICHARD D 18301 VAN KARMAN, #60 IRVINE CA 92612</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS SUITES, PAULETTE J 18301 VAN KARMAN #600 IRVINE CA 92612</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPSD ADAMS, JAMES A 18301 VANKARMAN #699 IRVINE CA 92612</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD ELIOT STARK 31440 NORTHWESTERN FARMINGTON HILLS, MI 48334-2564</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VSD THOMAS COSTELLO, JR. 31440 NORTHWESTERN FARM. HILLS, MI 48334-2564</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T LAURA FOURNIER 31440 NORTHWESTERN FARM. HILLS, MI 48334-2564</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

**LAURA FOURNIER** **LAURA FOURNIER/TREASURER** **6-16-00** **248-737-7300**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)