

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 26, 2001 08:00 AM**
Secretary of State**DOCUMENT # F98000005219**1. Entity Name
COMPUTER UTILITIES OF CLEVELAND, INC.

Principal Place of Business

6736 LONE OAK BLVD

NAPLES

341096834

FL

Mailing Address

6736 LONE OAK BLVD

NAPLES

341096834

FL

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

34-1058550

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LACROIX GILBERT A
6734 LONE OAK BLVD.

NAPLES

34109

US

FL

7. Name and Address of New Registered Agent

Name

LACROIX GILBERT A

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

6736 LONE OAK BLVD.

City
NAPLES

FL

Zip Code
34109

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)

04/26/2001

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

TITLE D ☐ Delete
NAME LOZELLE JAMES
STREET ADDRESS 7971 GRAND BAY DRIVE
CITY-ST-ZIP NAPLES FL 34108TITLE TD ☐ Delete
NAME ROBINSON H D
STREET ADDRESS 80 FOURTH AVENUE SOUTH
CITY-ST-ZIP NAPLES FL 34102TITLE SD ☐ Delete
NAME LACROIX SUSAN
STREET ADDRESS 370 WEDGE DRIVE
CITY-ST-ZIP NAPLES FL 34103TITLE PC ☐ Delete
NAME LACROIX GILBERT A
STREET ADDRESS 370 WEDGE DRIVE
CITY-ST-ZIP NAPLES FL 34103TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Gilbert A. LaCroix

Pres

04/26/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)