

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F98000005219

FILED  
Jan 28, 2002 8:00 AM  
Secretary of State

Entity Name: COMPUTER UTILITIES OF CLEVELAND, INC.

**Current Principal Place of Business:**

6736 LONE OAK BLVD  
NAPLES, FL 341096834

**New Principal Place of Business:**

**Current Mailing Address:**

6736 LONE OAK BLVD  
NAPLES, FL 341096834

**New Mailing Address:**

FEI Number: 34-1058550      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LACROIX, GILBERT A  
6736 LONE OAK BLVD.  
NAPLES, FL 34109 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PC ( ) Delete  
Name: LACROIX, GILBERT A  
Address: 370 WEDGE DRIVE  
City-St-Zip: NAPLES, FL 34103

Title: SD ( ) Delete  
Name: LACROIX, SUSAN  
Address: 370 WEDGE DRIVE  
City-St-Zip: NAPLES, FL 34103

Title: TD ( ) Delete  
Name: ROBINSON, H D  
Address: 80 FOURTH AVENUE SOUTH  
City-St-Zip: NAPLES, FL 34102

Title: D ( ) Delete  
Name: LOZELLE, JAMES  
Address: 7971 GRAND BAY DRIVE  
City-St-Zip: NAPLES, FL 34108

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GILBERT A. LACROIX

PRES

01/28/2002

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date