2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **G20763** Mar 27, 2000 8:00 am **Secretary of State** COMPUTER PROFESSIONALS UNLIMITED, INC. 03-27-2000 90129 034 ***150.00 Mailing Address Principal Place of Business % GUSTAVE DUBBS % GUSTAVE DUBBS 344 SIESTA DR 344 SIESTA DR SARASOTA FL 34242-1044 SARASOTA FL 34242 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For NOT APPLICABLE Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DUBBS, GUSTAVE Street Address (P.O. Box Number is Not Acceptable) 344 SIESTA DR SARASOTA-FL-34242-Zip Code FL 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 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, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. X Change ☐ Addition Delete TITLE TITLE **DUBBS, GUSTAVE** NAME NAME 344 SIESTA DR STREET ADDRESS STREET ADDRESS Sarasota, FL 34242 CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL X Change Addition ☐ Delete TITLE MCKENNA, DIANE NAME NAME STREET ADDRESS 2624 SIESTA DRIVE STREET ADDRESS Sarasota, FL 34239 CITY-ST-ZIP CITY-ST-ZIP SARASOTA,F L 00000 34239 XI Change Addition Delete TITLE TITLE DUBBS, DANIEL. NAME NAME 3601 AZALEA LANE Sarasota, FL 34240 STREET ADDRESS 4721 ATLANTIC AVE STREET ADDRESS CITY-ST-ZIP SARASOTA FL-CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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

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