

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90052 016 ***150.00

DOCUMENT # G20763

1. Entity Name
COMPUTER PROFESSIONALS UNLIMITED, INC.



Principal Place of Business
**% GUSTAVE DUBBS
4306 N TAMiami TRAIL
SARASOTA, FL 34234**

Mailing Address
**% GUSTAVE DUBBS
4306 N TAMiami TRAIL
SARASOTA, FL 34234**



02202004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**DUBBS, GUSTAVE
6409 KYLIE CREEK WAY
SARASOTA, FL 34242**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

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
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST- ZIP
**D
DUBBS, GUSTAVE
6409 KYLIE CREEK WAY
SARASOTA, FL 34242**

TITLE
NAME
STREET ADDRESS
CITY-ST- ZIP
**VS
MCKENNA, DIANE
2624 SIESTA DRIVE
SARASOTA, FL 34239**

TITLE
NAME
STREET ADDRESS
CITY-ST- ZIP
**PTD
DUBBS, DANIEL
3601 AZALEA LANE
SARASOTA, FL 34240**

TITLE
NAME
STREET ADDRESS
CITY-ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST- ZIP

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: GUSTAVE DUBBS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/04
Date

941 355-0595
Daytime Phone #