

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **G48648**

1. Entity Name
BUSINESS & COMPUTER SERVICES, INC.

FILED
Mar 21, 2001 8:00 am
Secretary of State

03-21-2001 90039 009 ***150.00

Principal Place of Business

6065 SOUTH GULF MANOR
P O BOX 3947
PENSACOLA FL 32526-1568
US

Mailing Address

6065 SOUTH GULF MANOR
P O BOX 3947
PENSACOLA FL 32516-3947
US

2. Principal Place of Business

6065 SOUTH GULF MANOR

Suite, Apt. #, etc.

3. Mailing Address

6065 SOUTH GULF MANOR

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

PENSACOLA, FL 32526-1568

City & State

PENSACOLA, FL

4. FEI Number

59-2302193

Applied For

Not Applicable

Zip

32526-1568

Country

ASCAMBIA

Zip

32526-1568

Country

ASCAMBIA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RAMOS, ABEL
6065 SOUTH GULF MANOR
PENSACOLA FL 32526

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☐ Delete
NAME **RAMOS, ABEL**
STREET ADDRESS **6065 SOUTH GULF MANOR**
CITY-ST-ZIP **PENSACOLA FL 32526-1568**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **ST** ☐ Delete
NAME **RAMOS, SHIRLEY A.**
STREET ADDRESS **6065 SOUTH GULF MANOR**
CITY-ST-ZIP **PENSACOLA FL 32526-1568**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
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: **ABEL RAMOS**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-19-2001 (850) 944-5636
Date Daytime Phone #

CR2E034 (10/00)