2002 UNIFORM BUSINESS REPORT (UBR)

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

May 27, 2002 8:00 am Secretary of State DOCUMENT # J31151 05-27-2002 90390 004 ***150.00 PENSACOLA COMPUTER REPAIR AND SERVICES INC. Principal Place of Business Mailing Address 8107 PENSACOLA BLVD 8107 PENSACOLA BLVD STE C STE C PENSACOLA FL 32534 PENSACOLA FL 32534 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State City & State 59-2774370 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent COOK, B. MARSHALL Street Address (P.O. Box Number is Not Acceptable) 8107-C PENSACOLA BLVD PENSACOLA FL 32534 Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 12. 11. ☐ Change ☐ Addition PCD ☐ Delete TITLE TITLE COOK, B. MARSHALL NAME NAME 24401 HEIDELBERG ROAD STREET ADDRESS STREET ADDRESS ROBERTSDALE AL 36567 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition VTS ☐ Detete TITLE Change TITLE COOK, SUDINE NAME NAME 24401 HEIDELBERG ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ROBERTSDALE AL 36567 ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

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