

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J39802

1. Entity Name
FEARLESS COMPUTING, INC.

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90173 023 ***150.00

Principal Place of Business
3961 S.E. 26TH CT ROAD
OCALA FL 32671

Mailing Address
3961 S.E. 26TH CT ROAD
OCALA FL 32671

C0066327



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
46 GOLF VILLA DR.
Suite, Apt. #, etc.

3. Mailing Address
46 GOLF VILLA DR
Suite, Apt. #, etc.

City & State
PORT ORANGE FL

City & State
PORT ORANGE, FL

4. FEI Number **59-2740496**

Applied For
Not Applicable

Zip
32124

Country
USA

Zip
32124

Country
USA

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

GARDNER, ARLENE J.
3961 SE 26TH COURT ROAD
OCALA FL 34480

Name **Arlene J. Gardner (SAME)**
Street Address (P.O. Box Number is Not Acceptable)
46 GOLF VILLA DR.
PORT ORANGE, FL
City **FL** Zip Code **32124**

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 *Arlene J. Gardner* **Arlene J. Gardner, President** **4-29-01**
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

TITLE **P** ☐ Delete
NAME **GARDNER, ARLENE J.**
STREET ADDRESS **3961 SE 26TH COURT RD**
CITY-ST-ZIP **OCALA FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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: *Arlene J. Gardner* **Arlene J. Gardner, President** **4-29-01** **386-304** **7957**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)