

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90192 025 ***150.00

0507247 AV

DOCUMENT # J49077

1. Entity Name
COMPUCOUNT BUSINESS SERVICES, INC.



Principal Place of Business
**3632 US HWY 92 E.
STE 9
LAKELAND FL 33801**

Mailing Address
**PO BOX 2568
EATON PARK FL 33840**



2. Principal Place of Business
**2225 E. Edgewood
Suite, Apt. #, etc.
STE # 3**

3. Mailing Address
**PO Box 2568
Suite, Apt. #, etc.**

☐ CHECK HERE IF MAKING CHANGES

City & State
Lakeland FL

City & State
Eaton Park FL

4. FEI Number **59-2752526**

Applied For

Not Applicable

Zip
33803

Country
POLK

Zip
33840

Country
POLK

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

6. Name and Address of Current Registered Agent

**MOLINARO, BARBARA J.
4231 THOMAS WOOD LANE SOUTHWEST
WINTER HAVEN FL 33880**

7. Name and Address of New Registered Agent

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

SIGNATURE **BJ Molinaro**

4-15-03
DATE

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PTD** ☐ Delete
NAME **MOLINARO, BARBARA J.**
STREET ADDRESS **4231 THOMAS WOOD LANE SW**
CITY-ST-ZIP **WINTER HAVEN FL**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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: **BJ Molinaro**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-03 863-665-4481
Date Daytime Phone #

CR2E034 (10/02)