**FILED** 

## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Jul 17, 2001 8:00 am Secretary of State K14644 **DOCUMENT #** 1. Entity Name VETERANS COMPUTER SUPPLY, INC. 07-17-2001 90005 047 \*\*\*150.00 Mailing Address Principal Place of Business 12772 GINGER DRIVE 12772 GINGER DRIVE an and the same of JACKSONVILLE FL 32223 JACKSONVILLE FL 32223 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2872120 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MARTIN, KURT E. Street Address (P.O. Box Number is Not Acceptable) 12772 GINGER DR. JACKSONVILLE FL 32223 Zin 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. 4 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible \_10. Election Campaign Financing ≈\$5.00 May Be Tax filling requirement and elects to do so. After September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12, (2/01)☐ Addition TITLE ☐ Delete TITLE MARTIN, KURT E. NAME 12772 GINGER DRIVE **CR2E034** STREET ADDRESS STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE □ Delete TITLE ☐ Addition MARTIN, DOROTHY L. NAME NAME 12772 GINGER DRIVE STREET ADDRESS STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete 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

changed, or on an attachment with an address

**SIGNATURE:** 



Altachment DEXILLAY ADOTHOSY

## Department of Division of Corporations

To whom it may concern,

As per my telephone conversation with an employee at the Division of Corporations this letter is being attached as per her instructions to my filing of the UBR. My firm never received this document prior to approximately July 5, 2001. Therefore I see no reason to inflict upon my corporation a \$400.00 late fee for this filing.

I am enclosing a check for this years filing of \$150.00 which is the standard fee without penalty.

As a business owner. I believe this can only be considered fair. Thank you for your cooperation in this matter.

Best Regards

Kurt E. Martin President