2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 19, 2002 8:00 am Secretary of State DOCUMENT # K55849 1. Entity Name 05-19-2002 90049 034 ***150.00 COMPUTER WAREHOUSE OF CENTRAL FLORIDA, INC. Principal Place of Business Mailing Address 220 SR 436 (OXFORD SQUARE) 1221 E ROBINSON STREET 428767 CASSELBERRY FL 32707 -ORLANDO FL-8280T---555 5. R. 436 # 1001 Fern park FL32730 2. Principal Place of Business 555 State Road 436 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 1001 City & State City & State Applied For Fern Park 4. FEI Number FL 59-2936190 Not Applicable Zip 32730 Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MAHER, CINDY Street Address (P.O. Box Number is Not Acceptable) 1221 E ROBINSON STREET ORLANDO FL 32801 City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing -\$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE CR2E034 (9/01) ☐ Delete TITLE Change Addition NAME MAHER, CINDY NAME STREET ADDRESS **480 EAGLE CIRCLE** STREET ADDRESS CITY-ST-ZIP CASSELBERRY FL CITY-ST-ZIP TITLE ☐ Delete TITLE NAME MAHER, JIMMY L. NAME STREET ADDRESS 1455 LADY AMY DRIVE STREET ADDRESS CITY-ST-7(P CASSELBERRY FL CITY-ST-ZIP TITLE ☐ Delete ST TITI F ☐ Change ☐ Addition NAME MAHER, JAMES R. NAME STREET ADDRESS **480 EAGLE CIRCLE** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CASSELBERRY FL ☐ Delete TITLE n ☐ Change ☐ Addition MAHER, JOEL NAME STREET ADORESS 480 EAGLE CIRCLE STREET ADDRESS CITY-ST-ZIP CASSELBERRY FL CITY-ST-ZIP TITLE D Delete TITLE Change Addition NAME HANDY, JAMES NAME STREET ADDRESS 3432 MISSION BAY APT #284 STREET ADDRESS CITY-ST-ZIP ORLANDO FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #