

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K75890

1. Entity Name

TTX COMPUTER PRODUCTS, INC.

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90122 025 ***150.00

Principal Place of Business

Mailing Address

2425 E LANDSTREET RD
STE 500
ORLANDO FL 32824

2425 E LANDSTREET RD
STE 500
ORLANDO FL 32824-7916
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0107213

Applied For
Not Applicable

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

BLACKFORD, ROBERT N.
TWO SOUTH ORANGE AVE
ORLANDO FL 32801

Name **D. Leach**
Street Address (P.O. Box Number is Not Acceptable)
2425 E. Landstreet Rd., #500
City **Orlando,** **FL** Zip Code **32824**

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 *D. Leach*, D. Leach, Vice President

February 28, 2000

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, 2000 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	PD	<input type="checkbox"/> Delete
NAME	LEACH, DONALD WRAY	
STREET ADDRESS	2425 E LAANDSTREERT RD STE 102	
CITY-ST-ZIP	ORLANDO FL 32824	
TITLE	VD	<input type="checkbox"/> Delete
NAME	LEACH, DARREN C.	
STREET ADDRESS	8576 SUMMERVILLE PL	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MELLO, MARY CATHERINE	
STREET ADDRESS	3211 MAPLE RUN	
CITY-ST-ZIP	KISSIMEE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEACH, DONALD WRAY	
STREET ADDRESS	2425 E. LANDSTREET RD STE 102	
CITY-ST-ZIP	ORLANDO FL 32824	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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, with all other like empowered.

SIGNATURE: *D. Leach*, D. Leach, Vice President Feb. 28, 2000 (407) 826-0186
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)