

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2003 8:00 am
Secretary of State

02-13-2003 90201 007 ***150.00

DOCUMENT # K75890

1. Entity Name
TTX COMPUTER PRODUCTS, INC.



Principal Place of Business
**2425 E LANDSTREET RD
STE 500
ORLANDO FL 32824
US**

Mailing Address
**2425 E LANDSTREET RD
STE 500
ORLANDO FL 32824
US**

2. Principal Place of Business
1221 Pine Avenue

3. Mailing Address
1221 Pine Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Orlando, FL.

City & State
Orlando, FL.

4. FEI Number **65-0107213**

Applied For
Not Applicable

Zip Country
32824 US

Zip Country
32824 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

**LEACH, D.
2425 E. LANDSTREET RD., #500
ORLANDO FL 32824**

Name **Leach, D.**
Street Address (P.O. Box Number is Not Acceptable)
1221 Pine Avenue
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 **PD** ☐ Delete
NAME **LEACH, DONALD WRAY**
STREET ADDRESS **2425 LANDSTREET RD STE 102**
CITY-ST-ZIP **ORLANDO FL 32824**

TITLE **PD** ☒ Change ☐ Addition
NAME **Leach, Donald Wray**
STREET ADDRESS **1221 Pine Avenue**
CITY-ST-ZIP **Orlando, FL. 32824**

TITLE **VD** ☒ Delete
NAME **LEACH, DARREN C.**
STREET ADDRESS **8576 SUMMERVILLE PL**
CITY-ST-ZIP **ORLANDO FL 32819**

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

TITLE **TD** ☐ Delete
NAME **MELLO, MARY CATHERINE**
STREET ADDRESS **3211 MAPLE RUN**
CITY-ST-ZIP **KISSIMMEE FL**

TITLE **TSD** ☒ Change ☐ Addition
NAME **Mello, Mary Catherine**
STREET ADDRESS **1221 Pine Avenue**
CITY-ST-ZIP **Orlando, FL. 32824**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

MARY C. MELLO
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb. 6/03

Date

407-826-0186

Daytime Phone #

CR2E034 (10/02)