

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K88401

1. Entity Name

BUSINESS COMPUTER CONSULTANTS OF OCALA, INC.

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90095 003 ***150.00

Principal Place of Business

Mailing Address

C/O DANIEL T. BURGESS
2251 NE 19 AVENUE #51
OCALA FL 34470

C/O DANIEL T. BURGESS
2251 NE 19 AVENUE #51
OCALA FL 34470-3879

2. Principal Place of Business

2918 N.E. 17 Terr.

3. Mailing Address

2918 N.E. 17 Terr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

OCALA, FL

City & State

OCALA, FL

4. FEI Number

59-2947079

Applied For

Not Applicable

Zip

34479

Country

USA

Zip

34479

Country

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

BURGESS, DANIEL T.

~~2251 NE 19 AVE. #51~~

OCALA FL ~~34470~~

2918 N.E. 17 Terr.

34479

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.

SIGNATURE

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
BURGESS, DANIEL T.
2251 NE 19 AVE. #51
OCALA FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
2918 N.E. 17 Terr.

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DST
BURGESS, SUZANNE E.
2251 NE 19 AVE. #51
OCALA FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
2918 N.E. 17 Terr.

☒ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
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☐ Addition

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CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

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:

S. E. Burgess

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-00

Date

352-629-6168

Daytime Phone #