**FILED** 

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

SIGNATURE:

BAND TYPED OR PRINTED NAME OF S

## Jan 17, 2001 8:00 am Secretary of State DOCUMENT # L03768 1. Entity Name PROFESSIONAL COMPUTER CORPORATION 01-17-2001 90104 007 \*\*\*150.00 Principal Place of Business Mailing Address C/O CHRISTÓPHER DREW LANE C/O CHRISTOPHER DREW LANE 8192 HOPEWELL COURT 8192 HOPEWELL COURT LARGO FL 33777 LARGO FL 34647 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 62-0014805 Applied For Not Applicable Zip Country \$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 Name LANE, CHRISTOPHER DREW Street Address (P.O. Box Number is Not Acceptable) 8192 HOPEWELL COURT LARGO FL 33777 City Zin Code 8. The above na ity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE 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, 2001 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE CR2E034 (10/00) Delete TITLE Addition LANE, CHRISTOPHER DREW NAME NAME 8192 HOPEWELL COURT STREET ADDRESS STREET ADDRESS LARGO FL CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Delete □ Change \_\_\_\_ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change ☐ Addition 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 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the hifo ation 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 plemental 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 ter 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 with an address, with all other like empowered. indicated on this report of the corporation or the changed, or on an attack