2001 UNIFORM BUSINESS REPORT (UBR)

FILED Sep 10, 2001 8:00 am Secretary of State DOCUMENT # L13491 1. Entity Name COMPUTER MARKETING INNOVATIONS, INC. 09-10-2001 90059 024 ***150.00 Principal Place of Business Mailing Address % STANLEY L. BAUSINGER % STANLEY L. BAUSINGER 1760 S.E. 3RD AVE. 1760 S.E. 3RD AVE. OCALA FL 34471 OCALA FL 34471 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 59-2982767 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BAUSINGER, STANLEY L. Street Address (P.O. Box Number is Not Acceptable) 1760 S.E. 3RD AVE. OCALA FL 34471 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 \$550.00 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 September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. (5/01) TITLE **PDS** ☐ Delete TITLE ☐ Change ☐ Addition BAUSINGER, STANLEY L. NAME NAME 1760 SE 3RD AVE STREET ADDRESS CR2E034 STREET ADDRESS CITY-ST-ZIP OCALA FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition VTD NAME BAUSINGER, LINDA, M NAME STREET ADDRESS 1760 SE 3RD AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OCALA FL TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE 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 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

SIGNATURE:

ure required

10/

352-351-4627

Affachment AOUSYUN OSU# [1349]





Computer Marketing Innovations

To: Department of State

I am enclosing my Uniform Business Report and a check for \$150.00. I am asking that you forgive the \$400.00 late fee. Neither I nor my accountant remember seeing this form earlier in the year and somehow it did not get filed. If you would please check my records, you will see I have never been late before. I called and the lady I spoke to said this letter and the enclosed check was what I needed to do.

I am sorry and am not expecting this to happen again in the future.

Regards,

Stan Bausinger