

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L20122

1. Entity Name

BUSINESS COMPUTER PRODUCTS, INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90057 027 ***150.00

Principal Place of Business

Mailing Address

401 VENTURE DRIVE
SUITE C
S DAYTONA FL 32119
US

401 VENTURE DRIVE
SUITE C
S DAYTONA FL 32119-3475
US

2. Principal Place of Business

2653 SLOW FLIGHT DR

3. Mailing Address

2653 SLOW FLIGHT DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

DAYTONA BEACH FL.

City & State

DAYTONA BEACH FL.

4. FEI Number

65-0151878

Applied For

Not Applicable

Zip

32124

Country

USA

Zip

32124

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

MAROVITCH, EVELYN
2653 SLOW FLIGHT DRIVE
DAYTONA BEACH, 32124

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
PT
MAROVITCH, MARK
2653 SLOW FLIGHT DR.
DAYTONA BEACH FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VS
MAROVITCH, EVELYN
2653 SLOW FLIGHT DR.
DAYTONA BEACH FL ☐ Delete

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

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TITLE
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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EVELYN MAROVITCH

Date

Daytime Phone #

4/18/00 (904) 760-9300

CR2E034 (9/99)