

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L980000000068

1. Entity Name
COMPUTER MILL, L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUN 16 PM 4:29

Principal Place of Business Mailing Address
% JOHN THOMPSON % JOHN THOMPSON
3142 ASHRIDGE DR. 3142 ASHRIDGE DR.
JACKSONVILLE FL 32225 JACKSONVILLE FL 32225-1772

2. Principal Place of Business 3. Mailing Address
3031-H MONUMENT RD. Suite, Apt. #, etc.
Suite, Apt. #, etc.

City & State City & State
JACKSONVILLE, FL Zip Country
32225 USA

4. FEI Number 59-3493246 Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

THOMPSON, JOHN
3142 ASHRIDGE DR.
JACKSONVILLE FL 32225

7. Name and Address of New Registered Agent

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME ☐ Delete
MGRM THOMPSON, JOHN
STREET ADDRESS 3142 ASHRIDGE DR.
CITY-ST-ZIP JACKSONVILLE FL 32225

TITLE NAME ☐ Delete
MGRM MCBRIDE, GERALD
STREET ADDRESS 10201 W. BEAVER ST., #93
CITY-ST-ZIP JACKSONVILLE FL 32201

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *John Thompson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

3-31-00 904-646-1150
Date Daytime Phone #

CR2E083 (9/99)