

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000000294

1. Entity Name  
THE COMPUTER PEOPLE/INSTRUCTIONAL PRESENTATIONS.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 FEB 16 PM 12:24

Principal Place of Business  
4438 TYNE COURT  
JACKSONVILLE FL 32257-1292

Mailing Address  
P. O. BOX 56721  
JACKSONVILLE FL 32241-6721



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3497809

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHMIDT, KARL A  
4438 TYNE COURT  
JACKSONVILLE FL 32257-1292

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 *Karl A. Schmidt* *KARL A. SCHMIDT*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

2/13/00.  
DATE

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME ☐ Delete  
MGRM  
SCHMIDT, KARL A  
STREET ADDRESS 4438 TYNE COURT  
CITY - ST - ZIP JACKSONVILLE FL 32257

TITLE NAME ☐ Change ☐ Addition  
MGRM  
SCHMIDT, KARL A  
STREET ADDRESS 4438 TYNE COURT  
CITY - ST - ZIP JACKSONVILLE FL 32257

TITLE NAME ☐ Delete  
MGRM  
SCHMIDT, CHERYL A  
STREET ADDRESS 4438 TYNE COURT  
CITY - ST - ZIP JACKSONVILLE FL 32257

TITLE NAME ☐ Change ☐ Addition  
MGRM  
SCHMIDT, CHERYL A  
STREET ADDRESS 4438 TYNE COURT  
CITY - ST - ZIP JACKSONVILLE FL 32257

TITLE NAME ☐ Delete  
MGRM  
FRIEND, ERNEST M  
STREET ADDRESS 443 SELVA LAKES CIRCLE  
CITY - ST - ZIP ATLANTIC BEACH FL 32233

TITLE NAME ☐ Change ☐ Addition  
MGRM  
FRIEND, ERNEST M  
STREET ADDRESS 443 SELVA LAKES CIRCLE  
CITY - ST - ZIP ATLANTIC BEACH FL 32233

TITLE NAME ☐ Delete  
MGRM  
FRIEND, TIMARA E  
STREET ADDRESS 443 SELVA LAKES CIRCLE  
CITY - ST - ZIP ATLANTIC BEACH FL 32233

TITLE NAME ☐ Change ☐ Addition  
MGRM  
FRIEND, TIMARA E  
STREET ADDRESS 443 SELVA LAKES CIRCLE  
CITY - ST - ZIP ATLANTIC BEACH FL 32233

TITLE NAME ☐ Delete  
MGRM  
FRIEND, TIMARA E  
STREET ADDRESS 443 SELVA LAKES CIRCLE  
CITY - ST - ZIP ATLANTIC BEACH FL 32233

TITLE NAME ☐ Change ☐ Addition  
MGRM  
FRIEND, TIMARA E  
STREET ADDRESS 443 SELVA LAKES CIRCLE  
CITY - ST - ZIP ATLANTIC BEACH FL 32233

TITLE NAME ☐ Delete  
MGRM  
FRIEND, TIMARA E  
STREET ADDRESS 443 SELVA LAKES CIRCLE  
CITY - ST - ZIP ATLANTIC BEACH FL 32233

TITLE NAME ☐ Change ☐ Addition  
MGRM  
FRIEND, TIMARA E  
STREET ADDRESS 443 SELVA LAKES CIRCLE  
CITY - ST - ZIP ATLANTIC BEACH FL 32233

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: *Karl A. Schmidt* REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

2/13/00 904-633-8349  
Date Daytime Phone #

CR2E083 (9/99)