FILED

## 2002 Uniform Business Report (UBR)

## Apr 04, 2002 8:00 am & Secretary of State M87762 DOCUMENT # 1. Entity Name COMPUTER LOCATORS INTERNATIONAL, INC. 04-04-2002 90013 012 \*\*\*150.00 Principal Place of Business Mailing Address 840 US HWY 1 840 US HWY 1 SUITE 110 SUITE 110 NORTH PALM BEACH FL 33408 NORTH PALM BEACH FL 33408 2. Principal Place of Business 3. Mailing Address 9043 Cypress Hollow Drive 9043 Cypress Hollow Drive Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2894119 Yalm Beach Not Applicable Country VS \$8.75 Additional 5. Certificate of Status Desired 33419 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Kosow, Julie ROSOW, JULIE Street Address (P.O. Box Number is Not Acceptable) 840 US HWY 1 **SUITE 110** NORTH PALM BEACH FL 33408 3. 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 \$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, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PNITIS CR2E034 (9/01) TITLE ☐ Delete TITLE. Change Addition Rosow, Julie, D ROSOW, JULIE D. NAME NAME 9043 Cypress Hollow Drive 840 US HWY 1 SUITE 110 STREET ADDRESS STREET ADDRESS **NORTH PALM BEACH FL 33408** Palm Brack Gordens FL 33418 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition ROSOW, LENORD B. NAME 840 US HWY 1 SUITE 110 STREET ADDRESS STREET ADDRESS NORTH PALM BEACH FL 33408 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE 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-7IP CITY-ST-ZIP

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