## 2003 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# N02048

Entity Name: TAMPA PC USERS GROUP, INC.

Feb 21, 2003 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 821 S.BOULEVARD TAMPA, FL 336062904 **Current Mailing Address: New Mailing Address:** P.O. BOX 3492 TAMPA, FL 336013492 FEI Number: 59-2651422 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LAMARTIN, WILLIAM F 821 S. BOÚLEVARD TAMPA, FL 33606 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: ( ) Delete (X) Change ( ) Addition SHERIDAN, MARY WITMER, JOHN Name: Name: 8313 IBERIA PL Address: 14502 BRENTWOOD DR Address: City-St-Zip: TAMPA, FL 336376539 City-St-Zip: TAMPA, FL 336182010 Title: () Delete Title: () Change () Addition Name: HODGES, MICHAEL Name: Address: 14810 HADLIEGH WAY Address: City-St-Zip: TAMPA, FL 336242616 City-St-Zip: Title: () Delete Title: () Change () Addition SHERIDAN, KEVAN Name: Name: 8313 IBERIA PL Address: Address: City-St-Zip: TAMPA, FL 336376539 City-St-Zip: Title: ( ) Delete Title: () Change () Addition LAMARTIN, WILLIAM F Name: Name: 821 S. BOULEVARD Address: Address: City-St-Zip: TAMPA, FL 336062904 City-St-Zip: Title: ( ) Delete Title: SD (X) Change ( ) Addition WEBER, JAMES PULLIAM, PEGGY Name: Name: 2522 W PALM DR 9623 GLENOX Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

TAMPA, FL 336297314

SIGNATURE: WILLIAM LAMARTIN D 02/21/2003

RIVERVIEW, FL 335695454

City-St-Zip: