

2000 UNIFORM BUSINESS REPORT (UBR)

5.

DOCUMENT # N05906

1. Entity Name:

PALM BEACH IBM-PC USER GROUP, INC.

R

FILED
Jul 13, 2000 8:00 am
Secretary of State

05-24-2000 90089 020 ***61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business 2525 OLD OKEECHOBEE RD #17 W PALM BEACH FL 33409	Mailing Address 2525 OLD OKEECHOBEE RD #17 W PALM BEACH FL 33409-4118
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 82034B street Suite, Apt. #, etc.
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City & State W. Palm Beach FLA	4. FEI Number 59-2465043	Applied For Not Applicable
Zip 33407	Country P.B.	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SHOUSHANIAN, MICHELLE
5407 S.E. 51ST DRIVE
STUART FL 34997

7. Name and Address of New Registered Agent

Name
W.R. Wells

Street Address (P.O. Box Number is Not Acceptable)
82034B street

City
W. Palm Beach FL

Zip Code
33407

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 *AR Shush* W.R. Wells 2 MAY 2000
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renewing) DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JAMES DYKSTRA 4350 BEECH DR. W. PALM BCH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD COOK, JACK 318 SEQUOIA PL W PALM BCH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SHOUSHANIAN, MICHELLE 5407 S.E. 51ST DRIVE STUART FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SALLY HERMAN 2525 OLD OKEECHO BEE RD. 17 W. PALM BCH FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES COOK, JACK 318 SEQUOIA PL W. PALM BCH FLA	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PRES JAMES DYKSTRA 4350 BEECH DR W. PALM Beach FLA	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PRES W R WELLS 82034B street W. P.B. FLA 33407	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED *AR Shush*

2 MAY 2000

344-6429

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #