

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 17, 2002 8:00 am
Secretary of State

09-17-2002 90091 011 ****61.25



DO NOT WRITE IN THIS SPACE

DOCUMENT # N05906

1. Entity Name

PALM BEACH IBM-PC USER GROUP, INC.

Principal Place of Business

Mailing Address

2525 OLD OKEECHOBEE RD #17
W PALM BEACH FL 33409

820 34TH STREET
WEST PALM BEACH FL 33407

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2465043

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WELLS, W.R.
820 34TH STREET
WEST PALM BEACH FL 33407**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**After September 13, 2002,
min. will be \$236.25.**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	JAMES DYKSTRA	
STREET ADDRESS	4350 BEECH DR.	
CITY-ST-ZIP	W. PALM BCH FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	COOK, JACK	
STREET ADDRESS	318 SEQUOIA PL	
CITY-ST-ZIP	W PALM BCH FL	
TITLE	TRS	<input type="checkbox"/> Delete
NAME	WALLS, W.R. <i>wrong spelling</i>	
STREET ADDRESS	8203 34TH STREET <i>wrong address</i>	
CITY-ST-ZIP	WEST PALM BEACH FL 33407 <i>(SEE REG. AGENT)</i>	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WILLIAMS, ALEX	
STREET ADDRESS	2385 SW 14TH AVE	
CITY-ST-ZIP	BOYNTON BEACH FL 33426-5853	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TRS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WELLS, W.R.	
STREET ADDRESS	820 34TH ST	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

10 Aug 02 844-6429

CR2E037 (4/02)