2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N35933

1. Entity Name

MANATEE PERSONAL COMPUTER USERS GROUP, INC.

FILED Jan 25, 2000 8:00 am Secretary of State

| | | | | 01 | 25-2000 90088 0 | 105 ****61.25 | | |
|--|---|---|----------------------------|-------------------------------------|---|------------------------------|--|--|
| Principal Place of Busin | ess | Mailing Address | | | | | | |
| 4835 27TH STREET W. SUITE 135 BRADENTON FL 34207 US | | 5726 CORTEZ RD W. STE 286 BRADENTON FL 34210-2701 US | |] } | 888 (1) 8 0 8 1118 (8)88 (1)88 (1) | 1)9(4 3(3)4 6(8)4 6(9)4 3(8) | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | | eleji aleji elek eleji ale | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | DO NOT WRITE II | N THIS SPACE | | |
| City & State | | City & State | | 4. FEI Numbe | 4. FEI Number Applied For Not Applied | | | |
| Zip Country | | Zip Country | | 5. Certificate | of Status Desired | \$8.75 Add | ditional | |
| 6. Na | me and Address of Current | Registered Agent | | 7. Name and | Address of New Regis | stered Agent | | |
| | | | | LARRY TYL | | - | | |
| The state of the s | | | Street A | | | | | |
| LYNN PARKER | | | | Address (P.O. Box Number 1604 CORTE | Z RD. W. | * 223 | | |
| 9604 CORTEZ WEST #233 4112 PLUMOSA TERRACE | | | | | | | | |
| BRADENTON FL 34 | | | City / | BRADENTON | | FL Zip Cod | e 20 | |
| 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. | | | | | | | | |
| | | | 0 | | | | | |
| SIGNATURE LARRY TYLER TR EXEC VP/b Jury Hollus (1/11/60) Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature reguling when registating) DATE | | | | | | | | |
| Signature, ty | ped or printed name or registered agent | and title if applicable. (NO1) | E Pagistereo Agent signa | ture bedused when respectating) | | | | |
| FILE NOW: 9. Election Campaign Financing \$5.0 | | | | | Maka C | heck Payable to | | |
| FEE IS \$61.25 | | | | \$5.00 May Be Added to Fees | | tment of State | , | |
| , | 10 4 01120 | | | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. | ADDITIONS/CH. | ANGES TO OFFICERS | AND DIRECTORS IN | | |
| TITLE T | , | Delete | TITLE | TD TO | to Told | - | Additio | |
| | 017210175 | | NAME STREET ADDRESS | MA SON, WO | STREET W. | | , | |
| STREET ADDRESS 926 MILL CREEK RD. CITY-ST-ZIP BRADENTON FL 34202 | | | CITY-ST-ZIP | Denomina | FL 3420 | 5 | | |
| TITLE VD | VI ON FL 34202 | ☐ Delete | TITLE | DKHARATAN | , , , , , , , , | (Change | Additio | |
| | TH, JAMES | □ Detete | NAME | ĺ | | CT cumings | | |
| | | | | | | | | |
| | ITON FL | | CITY-ST-ZIP | | | | | |
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| | GLIN, DON | • • | . NAME | | ليوم المتاليمينية والأد | | | |
| | TH AVE W | | STREET ADDRESS CITY-ST-ZIP | | | | | |
| ואַטוּאַטוּבו | NTON FL 34207 | | | <u> </u> | | ☐ Change | Additio | |
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| | TH AVENUE WEST | | STREET ADDRESS | \ | | | | |
| | ITON FL | | CITY-ST-ZIP | (| | | | |
| TITLE | | ☐ Delete | TITLE | EXEC, VP/E | | ☐ Change | Additio | |
| NAME | | | NAME | LARRY TYLE | e Te RD.W. #2. | 2.3 | • | |
| STREET ADDRESS | | | STREET ADDRESS | Dunkarita | 1, FL 34210 | | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | DKHDEN/ON | 1 10 3/2/0 | | | |
| TITLE | • | ☐ Delete | TITLE NAME | | | Change | Additio | |
| NAME STREET ADDRESS | | | STREET ADDRESS | } | | | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | Į | | | | |
| 12. I hereby certify that | the information supplied with | this filing does not qualify for | the exemption sta | ted in Section 119.07(3)(| i), Florida Statutes. I fur | ther certify that the in | nformation | |

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 AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

941-795-0601

Daytime Phone #