

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 17, 2002 8:00 am**  
**Secretary of State**

02-17-2002 90036 011 \*\*\*150.00

DOCUMENT # P00000003961 ✓

1. Entity Name  
AFFORDABLE COMPUTER SUPPLY MARKETPLACE, INC.

**DO NOT WRITE IN THIS SPACE**

822224

2. Principal Place of Business  
1205 ELIZABETH ST

Suite, Apt. #, etc.

UNIT J

City & State

PUNTA GORDA FL

Zip

33950

Country

USA

3. Mailing Address  
1205 ELIZABETH ST

Suite, Apt. #, etc.

UNIT J

City & State

PUNTA GORDA FL

Zip

33950

Country

USA

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4. FEI Number  
65-0977389

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**7. Name and Address of Current Registered Agent**

Name CAROL S. HEETER

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

300 PORTOFINO DR

City

PUNTA GORDA

FL

Zip Code

33950

**DO NOT WRITE  
IN THIS SPACE**

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 CAROL S. HEETER PRES.

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

Carol S. Heeter Pres.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/31/02

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**11. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PRES  
HEETER CAROL S.  
300 PORTOFINO DR.  
PUNTA GORDA FL 33950

TITLE  
NAME  
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CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Carol S. Heeter CAROL HEETER 1/31/02 941-639-0965  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)