

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2003 8:00 am
Secretary of State

02-06-2003 90048 025 ***150.00

DOCUMENT # P00000003961

1. Entity Name
AFFORDABLE COMPUTER SUPPLY MARKETPLACE, INC.



Principal Place of Business
1205 ELIZABETH ST
UNIT J
PUNTA GORDA FL 33950

Mailing Address
1205 ELIZABETH ST
UNIT J
PUNTA GORDA FL 33950

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0977389

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CAROL
HEETER, CARLOS S
300 PORTOFINO DR.
PUNTA GORDA FL 33950

Name
HEETER, CAROL S
Street Address (P.O. Box Number is Not Acceptable)
1205 ELIZABETH ST, UNIT J
City **PUNTA GORDA** **FL** **Zip Code** **33950**

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 *Carol S. Heeter*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **HEETER, CAROL S**
STREET ADDRESS **300 PORTOFINO DR**
CITY-ST-ZIP **PUNTA GORDA FL 33950**

TITLE **P** ☒ Change ☐ Addition
NAME **HEETER, CAROL S**
STREET ADDRESS **1205 ELIZABETH ST, UNIT J**
CITY-ST-ZIP **PUNTA GORDA FL 33950**

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 607, 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: *Carol S. Heeter* **CAROL S. HEETER** **1/22/03** **941-639-0765**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)