

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000006334

1. Entity Name

COMPUTER SMARTS SERVICE & REPAIR, INC.

FILED

May 12, 2001 8:00 am
Secretary of State

05-12-2001 90002 014 ***150.00

Principal Place of Business

325 S ORLANDO AVE. SUITE 14
WINTER PARK FL 32789

Mailing Address

325 S ORLANDO AVE. SUITE 14
WINTER PARK FL 32789

2. Principal Place of Business

325 S. Orlando Ave.

Suite, Apt. #, etc.

#1-14

3. Mailing Address

325 S. Orlando Ave

Suite, Apt. #, etc.

#1-14

City & State

Winter Park FL

City & State

Winter Park FL

Zip

32789

Country

U.S.A.

Zip

32789

Country

U.S.A.

4. FEI Number

59-3620524

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

REIMEL, DAVID J
325 S ORLANDO AVE, SUITE 14
WINTER PARK FL 32789

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input type="checkbox"/> Delete
NAME	David T. Reimel Jr.	
STREET ADDRESS	325 S. Orlando Ave	
CITY-ST-ZIP	Winter Park FL 32789	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-6-01

407-444-1152

CR2E034 (10/00)