

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000009285

1. Entity Name

ON THE WAY COMPUTERS, INC.

**FILED**  
**Apr 04, 2001 8:00 am**  
**Secretary of State**

04-04-2001 90502 035 \*\*\*150.00

Principal Place of Business

2522 NINTH ST. N.  
ST. PETERSBURG FL 33704

Mailing Address

2522 NINTH ST. N.  
ST. PETERSBURG FL 33704

C0042266

2. Principal Place of Business

2497 HERON TERR

3. Mailing Address

2497 HERON TERR

Suite, Apt. #, etc.

\*C102

Suite, Apt. #, etc.

\*C102

City & State

CLEARWATER FL

City & State

CLEARWATER FL

Zip

33762

Country

USA

Zip

33762

Country

USA

4. FEI Number

59-3621792

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

JON-MICHAEL C  
BROOK, JON-MICHAEL C  
2522 NINTH ST. N.  
ST. PETERSBURG FL 33704

7. Name and Address of New Registered Agent

Name JON-MICHAEL C BROOK  
Street Address (P.O. Box Number is Not Acceptable)  
2497 HERON TERR  
# C102  
City CLEARWATER FL Zip Code 33762

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]* JON-MICHAEL C BROOK PRESIDENT 3/31/01  
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

TITLE D ☐ Delete  
NAME BROOK, JON-MICHAEL C  
STREET ADDRESS 2522 NINTH ST. N.  
CITY-ST-ZIP ST. PETERSBURG FL 33704

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

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TITLE ☐ Change ☐ 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]* JON-MICHAEL C. BROOK 3/31/01 727 821 2529  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0356348

CR2E034 (10/00)