## **2003 FOR PROFIT CORPORATION**

## UNIFORM BUSINESS REPORT (UBR) P0000009285 **DOCUMENT #**

1. Entity Name



**FILED** Feb 27, 2003 8:00 am Secretary of State

ON THE WAY COMPUTERS, INC.				02-27-2003 90107 031 ***150.00	
Principal Place of Business 2497 HERON TERR #C102 CLEARWATER FL 33762		Mailing Address 2497 HERON TERR #C102 CLEARWATER FL 33762			I BENJE IDJER JIREN IDJON DJUH 1867
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HEBE IE WAKIN	C CHANCES
City & State		City & State		4. FEI Number 50.201700 Applied For	
Zip	Country	Zip	Country	59-3621792	Not Applicable
<u> </u>		<u>'</u>	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
-	6. Name and Address of Current	Registered Agent	Name	7. Name and Address of New Registered	Agent
BROOK, JON-MICHAEL C 2497 HERON TERR #C102				(P.O. Box Number is Not Acceptable)	-
	ATER FL 33762		City	FL	Zip Code
SIGNATURE	and a dige.		OTE: Registered Agent signature require	or depend agent, or both, in the State of Florida. I am and when reinstating)  DATE  9. Election Campaign Financing	
Make Check	Payable to Florida Department o	l I			\$5.00 May Be Added to Fees
10.	OFFICERS AND		11,	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROOK, JON-MICHAEL C 2497 HERON TERRACE #C102 CLEARWATER FL 33762	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE		☐ Delete	TITLE NAME		Change Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
ITLE NAME STREET ADORESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition
ITLE IAME TREET ADDRESS ITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
ITLE AME Treet address ITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
of the corp	ertify that the information supplied with the orthis report or supplemental report is loration or the receiver or trustee emporer on an attachment with an address your on an attachment with an address your ones.	wored to execute this sener	iny organical arian nave the s	ction 119.07(3)(i), Florida Statutes. I further certi ame legal effect as if made under oath; that I ar Florida Statutes; and that my name appears in	fy that the information n an officer or director Block 10 or Block 11 if

SIGNATURE:

NTED NAME OF SIGNING OFFICER OR DIRECTOR

727 561 0363 Daytime Phone #