2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State
03-25-2002 90082 047 ***150.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # P00000031596

1. Entity Name
ANASAZI COMPUTING CORP.

Principal Place of Business	Mailing Address
6 COQUINA AVE ST AUGUSTINE FL 32084	6 COQUINA AVE ST AUGUSTINE FL 32084

2. Principal Place of Business	3. Mailing Address
44 COQUINA AVE	44 COQUINA AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ST AUGUSTINE, FL	City & State: ST AUGUSTINE, FL
Zip: 32080 Country: USA	Zip: 32080-4529 Country: USA

4. FEI Number 59-3634696 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WEIGAND, CHERYL
6 COQUINA AVE
ST AUGUSTINE FL 32084

7. Name and Address of New Registered Agent

Name: WEIGAND, CHERYL
Street Address (P.O. Box Number is Not Acceptable): 44 COQUINA AVE
City: ST AUGUSTINE FL Zip Code: 32080

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] CHERYL WEIGAND DATE 3/11/2002
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P WEIGAND, CHERYL 6 CO QUINA AVE ST AUGUSTINE FL 32080	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P WEIGAND, CHERYL 44 COQUINA AVE ST AUGUSTINE FL 32080-4529	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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] CHERYL WEIGAND 3/11/2002 904.347.7419
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (9/01)