

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State
 05-18-2001 91274 001 ***300.00

DOCUMENT # P00000036117

1. Entity Name
 COMPUTER PRODUCTS, INC.

72601

DO NOT WRITE IN THIS SPACE

Principal Place of Business
 209 West Church Street
 Jacksonville, FL 32202

Mailing Address
 209 West Church Street
 Jacksonville, FL 32202

2. Principal Place of Business
 181 Lamplighter Lane

3. Mailing Address
 181 Lamplighter Lane

Suite, Apt. #, etc.

City & State
 Ponte Vedra Beach, FL

City & State
 Ponte Vedra Beach, FL

4. FEI Number
 59-3639270

Applied For
 Not Applicable

Zip
 32082

Country
 US

Zip
 32082

Country
 US

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

Motolaw, Inc.
 50 North Laura Street
 Suite 2750
 Jacksonville, FL 32202

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 ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME Daniel Baugh
STREET ADDRESS 209 West Church Street
CITY-ST-ZIP Jacksonville, FL 32202

TITLE **D** ☒ Change ☐ Addition
NAME Daniel Baugh
STREET ADDRESS 181 Lamplighter Lane
CITY-ST-ZIP Ponte Vedra Beach, FL 32082

TITLE **D** ☒ Delete
NAME Nick Wood
STREET ADDRESS 209 West Church Street
CITY-ST-ZIP Jacksonville, FL 32202

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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TITLE ☐ Delete
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CITY-ST-ZIP

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:  **President** **4/27/01** **904-994- 5310**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/1/00)