2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

P00000040522 **DOCUMENT #**

1. Entity Name

Principal Place of Business

COMPUTERSDOTCOM, INC.



FILED Jan 17, 2003 8:00 am Secretary of State 01-17-2003 90088 041 ***150.00

Principal Place of Business 11941 BOSTICK ST. SUITE B DUNNELLON FL 34432		Mailing Address 11941 BOSTICK ST. SUITE B DUNNELLON FL 34432		SUUU476U	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES	
City & State		City & State		4. FE! Number 59-3637068 Applied For Not Applicable	
Zip	Country	Zip	Country	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 A	
WYLAND, LINDA C			Name	<u> </u>	_
11941 BOSTICK ST, SUITE B			Street Addre	ss (P.O. Box Number is Not Acceptable)	
DUNNELLON FL 34432			-		
250	,		City		
O The elect			1 '	FL	Zip Code
	e named entity submits this statement for tions of registered agent.	the purpose of changing it	s registered office or regi	stered agent, or both, in the State of Florida. I am fa	miliar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (NO	TE: Registered Agent signature req	uired when reinstating) DATE	
	FILE NOW!!! FEE IS \$150.00		· · · · · · · · · · · · · · · · · · ·	DATE	***
Afte	r May 1, 2003 Fee will be \$550.00			9. Election Campaign Financing	\$5.00 May Be
Make Chec	k Payable to Florida Department of	State		Trust Fund Contribution.	Added to Fees
10.	OFFICERS AND I	DIRECTORS	11,	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 11
TITLE NAMÈ	P Wyland, Linda C	☐ Delete	TITLE		☐ Change ☐ Addition
STREET ADDRESS	11941 BOSTICK STREET STE B		NAME STREET ADDRESS		
CITY-ST-ZIP	DUNNELLON FL 34432		CITY-ST-ZIP		ā
TITLE	VP	☐ Delete	TITLE		
NAME	WYLAND, TIMOTHY A	2 0000	NAME		Change
STREET ADDRESS CITY-ST-ZIP	11941 BOSTICK STREET STE B DUNNELLON FL 34432		STREET ADDRESS		'
	DONNELLON FL 34432		CITY-ST-ZIP		
TITLE NAME		☐ Delete	TITLE	S. Chamber and M. Cha	☐ Change ☐ Addition
STREET ADDRESS		•	STREET ADDRESS		•
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS			NAME	•	aanian
CITY-ST-ZIP	•		STREET ADDRESS CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		1
TITLE NAME	•	☐ Delete	TITLE		Change Addition
STREET ADDRESS			NAME STREET ADDRESS		
CITY-ST-ZIP	1		STREET ADDRESS CITY-ST-ZIP		ĺ
12. I hereby c	ertify that the information supplied with th	nis filing does not qualify for		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 changed, or on an attachment with an adverse with all over like empowered.

CNATURE:

On 2003 (376), Florida Statutes, I further certify that the information stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information 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 10 or Block 11 if

Linda C. Wyland, P

01-09-2003

(352) 489-4153

Daytime Phone #