

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 17, 2001 8:00 am
Secretary of State

09-17-2001 90142 034 ***558.75

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DOCUMENT # P00000047807

1. Entity Name
COMPUTERS FOR CREATIVE KIDS, INC.

Principal Place of Business
10814 PRESERVATION VIEW, SUITE 306
TAMPA FL 33626

Mailing Address
10814 PRESERVATION VIEW, SUITE 306
TAMPA FL 33626

00063316



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
8639 N. Himes Avenue
 Suite, Apt. #, etc.
Suite 3202

3. Mailing Address
P.O. Box 262286
 Suite, Apt. #, etc.

City & State
Tampa FL

City & State
Tampa FL

4. FEI Number
59-364-3586

Applied For
 Not Applicable

Zip Country
33614 U.S.A.

Zip Country
33685 U.S.A.

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

6. Name and Address of Current Registered Agent

RIST, ERIC C
10814 PRESERVATION VIEW, SUITE 306
TAMPA FL 33626

7. Name and Address of New Registered Agent

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 _____ (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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 Delete
 NAME **PTD RIST, ERIC C**
 STREET ADDRESS **10814 PRESERVATION VIEW, SUITE 306**
 CITY-ST-ZIP **TAMPA FL 33626**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VD RIST, RUSSELL E**
 STREET ADDRESS **630 S. LEAGUE RD.**
 CITY-ST-ZIP **COLFAX IA 50054**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **SD RIST, JEAN L**
 STREET ADDRESS **630 S. LEAGUE RD.**
 CITY-ST-ZIP **COLFAX IA**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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TITLE Delete
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 STREET ADDRESS
 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: **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/28/01

813-784-6869

Date

Daytime Phone #

CR2E034 (5/01)