

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90113 026 ***150.00

CR2E034 (9/01) AV

DOCUMENT # P00000047807

1. Entity Name

COMPUTERS FOR CREATIVE KIDS, INC.

Principal Place of Business

**8639 N HIMES AVENUE
 SUITE 3202
 TAMPA FL 33614
 US**

Mailing Address

**P O BOX 262286
 TAMPA FL 33685
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3643586

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~RIST, ERIC C~~

~~10814 PRESERVATION VIEW, SUITE 306
 TAMPA FL 33626~~

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

Eric Rist

4-24-02

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, 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 Delete
 NAME **PTD RIST, ERIC C**
 STREET ADDRESS **10814 PRESERVATION VIEW, SUITE 306**
 CITY-ST-ZIP **TAMPA FL 33626**

TITLE Change Addition
 NAME **PTD Eric C. Rist**
 STREET ADDRESS **8639 N. Himes Ave. #3202**
 CITY-ST-ZIP **Tampa, FL 33614**

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
 NAME **M Johnnie Skipworth**
 STREET ADDRESS **8639 N. Himes Ave. #3202**
 CITY-ST-ZIP **Tampa, FL 33614**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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:

Eric C. Rist

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-02

Date

813-784-6869

Daytime Phone #

CR2E034 (9/01)