2001 UNIFORM BUSINESS REPORT (UBR) **FILED** Mar 29, 2001 8:00 am Secretary of State DOCUMENT # P0000049690 1. Ent<u>r</u>y Namè SEE:\ DRIVE CUSTOM COMPUTERS, INC. 03-29-2001 91016 002 ***150.00 Principal Place of Business Mailing Address 520 NE 26TH CT. 520 NE 26TH CT. POMPANO BEACH FL 33064 POMPANO BEACH FL 33064 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-1009326 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SEE, JOHN W Street Address (P.O. Box Number is Not Acceptable) 520 NE 26TH CT. POMPANO BEACH FL 33064 City Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. **VSD** ☐ Change Addition TITLE ☐ Delete TITLE NAME CHADWICK, SANDRA L NAME STREET ADDRESS STREET ADDRESS 520 NE 26TH CT. CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FL 33064 Addition TITLE ☐ Delete TITLE Change NAME NAME JOHN W. SEE JOHN W. SEE STREET ADDRESS STREET ADDRESS 8103 NW 38TH STREET 8103 NW 38TH STREET CITY-ST-ZIP CITY-ST-2!P CORAL SPRINGS, CORAL SPRINGS, FL TITLE ☐ Delete TITLE -☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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 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 ged, or on an attachment with an address, with all other like expowered.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TOHLI M.

TITLE

NAME

STREET ADDRESS

JIGNATURE

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

Change

☐ Addition