## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Apr 02, 2001 8:00 am Secretary of State DOCUMENT # P0000060927 COMPUNET OF W.P.B., INC. 04-02-2001 90094 044 \*\*\*158.75 Principal Place of Business Mailing Address 2830 SW 6TH STREET 2830 SW 6TH STREET **BOYNTON BEACH FL 33435** BOYNTON BEACH FL 33435 D0030258 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For Not Applicable 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 DUNGAN, ROBERT W SR Street Address (P.O. Box Number is Not Acceptable) 2830 SW 6TH STREET **BOYNTON BEACH FL 33435** Zip Code City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE PRESIDENTY DUNGAN, ROBERT W SR / 2830 SW GHT St Boynton Bch, FL 33735 DUNGAN, ROBERT W SR NAME NAME 2830 SW 6TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOYNTON BEACH FL 33435** TITLE TITLE Vice-PRESIDENT ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OYNTON BEACH, FL ☐ Change ☐ Addition Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Addition TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition 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 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: 3-27-2001 561-734-549

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Design Phone #