FILED

2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Apr 25, 2001 8:00 am Secretary of State DOCUMENT # P0000063540 1. Entity Name COMPUTER PRODUCTS RECYCLING AND PLACEMENT COMPAN 04-25-2001 90080 050 ***158.75 Principal Place of Business Mailing Address 3327 WEST ST 3327 WEST ST COTTONDALE FL 32431 **COTTONDALE FL 32431** 2. Principal Place of Business 3. Mailing Address 3327 West St P.O. BOX 509 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite A Applied For City & State City & State 4. FEi Number 59-3655990 ottondale ottonda Not Applicable \$8.75 Additional A 5. Certificate of Status Desired 3243 I Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MCBRIDE, SHERRI R Street Address (P.O. Box Number is Not Acceptable) 3327 WEST ST COTTONDALE FL 32431 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) 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. CR2E034 (10/00) President Change ☐ Addition TITLE ☐ Delete Sherri R.McBride 3327 West St NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Cottondale, FL 32431 V.P. Program Development and Randall K. McBrile Contract TITLE ☐ Change ☐ Addition NAME NAME 3327 West St. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP <u>Cottondale, FL 32431</u> V.P. Software Development and □ Delete ☐ Addition TITLE TITLE Change Bobby W. McDaniel NAME NAME STREET ADDRESS STREET ADDRESS P.O. BOX 932 Cottondale, FL 32431 CITY-ST-ZIP CITY-ST-ZIP V.P. Financial Delete TITLE ☐ Change ☐ Addition Joe E. Busby NAME NAME 4879 Magnolia Rd. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Marianna, FL 32448 Secretary ☐ Delete ☐ Change ■ Addition TITLE Teresa McDaniel NAME NAME STREET ADDRESS P.O. BOX 932 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Cottondale, FL 32431 TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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