

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2001 8:00 am
Secretary of State

05-05-2001 90369 025 ***150.00

DOCUMENT # P00000090514

1. Entity Name
THE COMPUTER SHOP, INC.

Principal Place of Business 1012 E SILVER SPRINGS BLVD STE D Ocala FL 34470	Mailing Address 1012 E SILVER SPRINGS BLVD STE D Ocala FL 34470
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3775 SOUTH PINE AVE	3. Mailing Address 3154 SW 167th Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State OCALA FL	City & State OCALA FL	4. FEI Number 29-3272281	Applied For <input type="checkbox"/> Not Applicable
Zip 34470	Country USA	Zip 34481	Country

6. Name and Address of Current Registered Agent

SMITH-PARKER, JONATHAN
1012 E SILVER SPRINGS BLVD STE D
OCALA FL 34470

7. Name and Address of New Registered Agent

Name
SMITH-PARKER, JONATHAN

Street Address (P.O. Box Number Not Acceptable)
3775 SOUTH PINE AVE

City
OCALA FL Zip Code
34470

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: *Jonathan Smith-Parker* **JONATHAN SMITH-PARKER** DATE: 4/27/01

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent; signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D NAME SMITH-PARKER, JONATHAN STREET ADDRESS 1012 E SILVER SPRINGS BLVD STE D CITY-ST-ZIP OCALA FL 34470	<input type="checkbox"/> Delete	TITLE D NAME SMITH-PARKER, JONATHAN STREET ADDRESS 3773 SOUTH PINE AVE CITY-ST-ZIP OCALA, FL 34470	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME SMITH-PARKER, TERESA STREET ADDRESS 1012 E SILVER SPRINGS BLVD STE D CITY-ST-ZIP OCALA FL 34470	<input type="checkbox"/> Delete	TITLE D NAME SMITH-PARKER, TERESA STREET ADDRESS 3773 SOUTH PINE AVE CITY-ST-ZIP OCALA FL 34470	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Jonathan Smith-Parker* DATE: 4/27/01 DAYTIME PHONE #: (352) 627-3005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)