**FILED** 

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Apr 26, 2002 8:00 am § Secretary of State DOCUMENT # P00000091354 1. Entity Name 04-26-2002 90027 009 \*\*\*150.00 HANDS-ON COMPUTERS, INC. Principal Place of Business Mailing Address 2809 NW 109 AVE 2809 NW 109 AVE SUNRISE FL 33322 SUNRISE FL 33322 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-1045716 Not Applicable Zip Zip Country Country \$8,75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MCGONIGLE, JAMES T Street Address (P.O. Box Number is Not Acceptable) 6221 BANYAN TERR PLANTATION FL 33317 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 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, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition TITLE TITLE Change ☐ Delete NAME VIERA, DENNIS NAME STREET ADDRESS 2809 NW 109 AVE STREET ADDRESS SUNRISE FL 33322 CITY-ST-ZIP CITY-ST-2(P ☐ Delete ☐ Addition TITLE ☐ Change TITLE NAME NAME VIERA, FRANCINE STREET ADDRESS STREET ADDRESS 2809 NW 109 AVE CITY-ST-ZIP CITY-ST-ZIP SUNRISE FL 33322 TITLE TITLE □ · Doloto NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Detete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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