

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2001 8:00 am
Secretary of State

02-20-2001 90070 013 ***158.75

DOCUMENT # P00000109410

1. Entity Name
COMPUTE2U, INC.

Principal Place of Business
**901 SPRING VALLEY RD
 ALTAMONTE SPRINGS FL 32714**

Mailing Address
**901 SPRING VALLEY RD
 ALTAMONTE SPRINGS FL 32714**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-3685146

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SPANN, JAMES H
 901 SPRING VALLEY RD
 ALTAMONTE SPRINGS FL 32714**

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ DATE _____
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)

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. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
 NAME **PTD SPANN, JAMES H**
 STREET ADDRESS **901 SPRING VALLEY RD**
 CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

TITLE Change Addition
 NAME **PD SPANN, JAMES H**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VSD SPANN, JAMES M**
 STREET ADDRESS **417 RISEMAN COURT**
 CITY-ST-ZIP **LAKE MARY FL 32746-5803**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D AMSIER, DAVID B**
 STREET ADDRESS **1191 KERSFIELD CIRCLE**
 CITY-ST-ZIP **HEATHROW FL 32746**

TITLE Change Addition
 NAME **TD AMSIER, DAVID B**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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TITLE Change Addition
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 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 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: **President James H. Spann** 2/14/01 407.809.4902
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/00)