CR2E034 (10/02)

FILED

## 2003 FOR PROFIT CORPORATION

Apr 28, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR** P00000114410 DOCUMENT # 04-28-2003 90268 006 \*\*\*150.00 1. Entity Name COMPUTER TECHNOLOGY OF AMERICA, INC. Principal Place of Business Mailing Address 5136 JULINGTON FOREST LANE 5136 JULINGTON FOREST LANE 11018245 JACKSONVILLE FL 32258 JACKSONVILLE FL 32258 2. Principal Place of Business 3. Mailing Address 3968 PRITMORE 3968 ITMORE Suite, Apt. #, etc CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number 59-3686069 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 322<u>5\_7</u> Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BALTOVSKI, VASIL Street Address (P.O. Box Number is Not Acceptable) 5136 JULINGTON FOREST LANE JACKSONVILLE FL 32258 City 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. I am familiar with, and accept the obligations of registered agent 4-22-2003 SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ΊO. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Addition TITLE TITLE Change ☐ Delete BALTOVISKI, VASIL NAME NAME PRITMORE 5136 JULINGTON FOREST LANE STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32258 CITY-ST-ZIP CITY-ST-ZIP 32257 ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP · 🔲 Change ☐ Addition ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attach

NAME

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-7IP

SIGNATURE:

NAME

TITLE NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

CITY-ST-ZIP

☐ Delete

Change

☐ Addition