

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2003 8:00 am**  
**Secretary of State**

04-17-2003 90196 010 \*\*\*150.00

DOCUMENT # P01000010021

1. Entity Name  
TRI COUNTY COMPUTERS, INC.



Principal Place of Business  
3524 S.E. FIRST AVENUE  
CAPE CORAL FL 33904

Mailing Address  
3524 S.E. FIRST AVENUE  
CAPE CORAL FL 33904

2310 Tamiami Trail

2. Principal Place of Business

2310 Tamiami Trail

2 Suite Apt. #, etc. Suite 3109

3. Mailing Address

Suite, Apt. #, etc.

City & State  
Punta Gorda, FLA

City & State

Zip  
33950

Country  
USA

Zip

Country

4. FEI Number 65-1065869

Applied For  
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KOHL, ETTA R  
3910 COUNTRY CLUB BOULEVARD  
CAPE CORAL FL 33904

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D  
NAME JONES, MICHAEL R  
STREET ADDRESS 3524 SE 1ST AVENUE  
CITY-ST-ZIP CAPE CORAL FL 33904 ☐ Delete

TITLE P, D  
NAME Jones, Michael R.  
STREET ADDRESS 29527 Apollo Drive  
CITY-ST-ZIP Punta Gorda, FL 33982 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE V  
NAME DEAN OUESTENBERRY  
STREET ADDRESS 2212 Crystal Drive  
CITY-ST-ZIP Fort Myers, FL 33907 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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 attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/03

Date

239-466-1323

Daytime Phone #

CR2E034 (10/02)