## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND PIPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## FILED May 28, 2002 8:00 am Secretary of State P01000032336 DOCUMENT # 1. Entity Name SV COMPUTERS, INC. 05-28-2002 91508 031 \*\*\*150.00 Mailing Address Principal Place of Business 2134 RJ CIRCLE 2134 RJ CIRCLE KISSIMMEE FL 34744 KISSIMMEE FL 34744 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For . City & State City & State Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name VAUGHN. KENNETH Street Address (P.O. Box Number is Not Acceptable) 2134 RJ CIRCLE KISSIMMEE FL 34744 Zip Code FL 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 OFFICERS AND DIRECTORS 12. 11. CR2E034 (9/01) Change ☐ Addition TITLE TITLE ☐ Delete VAUGHN, KENNETH NAME NAME 2134 RJ CIRCLE STREET ADDRESS STREET ADDRESS KISSIMMEE FL 34744 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE VAUGHN, BRENDALEE NAME NAME 2134 RJ CIRCLE STREET ADDRESS STREET ADDRESS KISSIMMEE FL 34744 CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete SOMERS, CAROL NAME NAME 2554 JENSCOTT RD STREET ADDRESS STREET ADDRESS ST CLOUOD FL 34771 CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition TITLE TITLE . Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 officers, with all other like empowered.