

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Year 2002

FILED

03 OCT -9 AM 9:27

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # P01000050174

1. Entity Name  
COMPUTER + ELECTRONICS KNOW HOW INC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3012 E. Commercial Blvd		3. Mailing Address Same	
Suite, Apt. #, etc. # 3		Suite, Apt. #, etc.	
City & State FT LDLE FL		City & State	
Zip 33308	Country BRWARD	Zip	Country

REINSTATEMENT  
DO NOT WRITE IN THIS SPACE

02-63

4. FEI Number 65-1115147	Applied For Not Applicable
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5. Certificate of Status Desired	\$8.75 Additional Fee Required
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IN THIS SPACE

7. Name and Address of Current Registered Agent

Name Anthony SCZCEPANSKI	
Street Address (P.O. Box Number is Not Acceptable) 2214 Cypress Bank Dr	
City Pompano Beach	Zip Code 33069

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing)

10/09/03--01063--001 \*\*150.00  
300023668023  
10/09/03--01063--001 \*\*150.00

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.	<input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres Anthony SCZCEPANSKI 2214 Cypress Bank Dr Pompano Beach, FL 33069	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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DO NOT WRITE  
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: X *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/6/03 (954) 292-5916  
Date Daytime Phone #