

FILED
May 29, 2002 8:00 am
Secretary of State

05-05-2002 90028 049 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000097939

1. Entity Name

FAST PC HELP INC.

Principal Place of Business

154 WOODCREEK DR. N.
 SAFETY HARBOR FL 34695

Mailing Address

154 WOODCREEK DR. N.
 SAFETY HARBOR FL 34695

2. Principal Place of Business

154 Woodcreek Dr. N.

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Safety Harbor, FL

City & State

4. FEI Number

91-2163485

Applied For

Not Applicable

Zip

34695

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fees Required

6. Name and Address of Current Registered Agent

LAWRENCE, JON
 154 WOODCREEK DR. N.
 SAFETY HARBOR FL 34695

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

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, 2002 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

TITLE: President ☐ Delete
 NAME: Stanley Jon Lawrence
 STREET ADDRESS: 154 Woodcreek Dr N, Safety Harbor, FL
 CITY-ST-ZIP:

TITLE: Vice President ☐ Delete
 NAME: Theresa Lawrence
 STREET ADDRESS: 154 Woodcreek Dr. N, Safety Harbor
 CITY-ST-ZIP: FL 34695

TITLE: ☐ Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: ☐ Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: ☐ Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: ☐ Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Addition

NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition

NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition

NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

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NAME:
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 CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)

4/22/2002 (727) 796 80-80