

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


APPROVED
AND
FILED

03 MAR 13 AM 6:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PD1000116606

1. Entity Name
Atlanta's Computer Centers, Inc.



DO NOT WRITE IN THIS SPACE

01/24/03 90088 017 #908-75
REINSTATEMENT 02-03

2. Principal Place of Business <u>5711 Independence Circle</u> Suite, Apt. #, etc. <u>Unit 2</u> City & State <u>Fort Myers FL</u> Zip <u>33912</u> Country <u>U.S.</u>		3. Mailing Address <u>Same</u> Suite, Apt. #, etc. City & State Zip Country		4. FEI Number <u>65-115 7968</u>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required					

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7. Name and Address of Current Registered Agent

Name J. Daniel Sinclair
Street Address (P.O. Box Number is Not Acceptable)
8301 Grand Palm Drive
Unit 1
City Fort Myers FL Zip Code 33912

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 J. Daniel Sinclair 2/18/2003
Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered agent signature required when reinstating) DATE

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. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Nickindar Singh PD</u> <u>575 Bourse Circle</u> <u>Lehigh Acres FL</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Andrea Fournace VP, D</u> <u>11454 Osprey Landing Way</u> <u>Fort Myers FL 33908</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>J. Daniel Sinclair S, D</u> <u>8301 Grand Palm Drive, Unit 1</u> <u>Fort Myers FL 33912</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: Andrea L Fournace as Vice President 2/18/03 239-482-5660
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)