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

04-17-2003 90193 021 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000007145

1. Entity Name
COMPUTECH ENTERPRISES, INC.

90089930

Principal Place of Business	Mailing Address
12610 CASTLE HILL DRIVE TAMPA, FL 33624	12610 CASTLE HILL DRIVE TAMPA, FL 33624

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
690 Island Way	690 Island Way
Suite, Apt. #, etc. 910	Suite, Apt. #, etc. 910
City & State: Clearwater Beach, Florida	City & State: Clearwater Beach, FL
Zip: 33767 Country: USA	Zip: 33767 Country: USA

4. FEI Number: 01-0593811 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent
WHITCOMB, FREDERICK
12610 CASTLE HILL DRIVE
TAMPA, FL 33624

7. Name and Address of New Registered Agent
Name: Rick Whitcomb
Street Address (P.O. Box Number is Not Acceptable): 690 Island Way Suite 910
City: Clearwater Beach FL Zip Code: 33767

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] DATE: 4/13/03
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
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE: P NAME: Rick Whitcomb STREET ADDRESS: 690 Island Way Suite 910 CITY-ST-ZIP: Clearwater Beach, FL 33767	☐ 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
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CR2E034 (10/02)

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] Date: 4/13/03 Daytime Phone #: 727-641-9796
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR