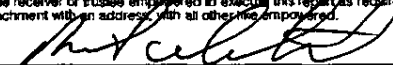


FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90193 021 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000007145																																																															
1. Entity Name COMPUTECH ENTERPRISES, INC.																																																															
Principal Place of Business 12610 CASTLE HILL DRIVE TAMPA, FL 33624		Mailing Address 12610 CASTLE HILL DRIVE TAMPA, FL 33624																																																													
2. Principal Place of Business 690 Island Way Suite, Apt. #, etc. 910		3. Mailing Address 690 Island Way 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  DATE 4/13/03 Signature, typed or printed name of registered agent and title (if applicable) NOTE: Registered Agent's signature required when removing																																																															
9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees																																																													
10. OFFICERS AND DIRECTORS <table border="1"><tr><td>TITLE</td><td>NAME</td><td>STREET ADDRESS</td><td>CITY-ST-ZIP</td><td>☐ Delete</td></tr><tr><td>TITLE</td><td>NAME</td><td>STREET ADDRESS</td><td>CITY-ST-ZIP</td><td>☐ Delete</td></tr><tr><td>TITLE</td><td>NAME</td><td>STREET ADDRESS</td><td>CITY-ST-ZIP</td><td>☐ Delete</td></tr><tr><td>TITLE</td><td>NAME</td><td>STREET ADDRESS</td><td>CITY-ST-ZIP</td><td>☐ Delete</td></tr><tr><td>TITLE</td><td>NAME</td><td>STREET ADDRESS</td><td>CITY-ST-ZIP</td><td>☐ Delete</td></tr><tr><td>TITLE</td><td>NAME</td><td>STREET ADDRESS</td><td>CITY-ST-ZIP</td><td>☐ Delete</td></tr></table>		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1"><tr><td>TITLE</td><td>NAME</td><td>STREET ADDRESS</td><td>CITY-ST-ZIP</td><td>☐ Change ☐ Addition</td></tr><tr><td>P</td><td>Rick Whitcomb</td><td>690 Island Way Suite 910</td><td>Clearwater Beach, FL 33767</td><td>☐ Change ☐ Addition</td></tr><tr><td>TITLE</td><td>NAME</td><td>STREET ADDRESS</td><td>CITY-ST-ZIP</td><td>☐ Change ☐ Addition</td></tr><tr><td>TITLE</td><td>NAME</td><td>STREET ADDRESS</td><td>CITY-ST-ZIP</td><td>☐ Change ☐ Addition</td></tr><tr><td>TITLE</td><td>NAME</td><td>STREET ADDRESS</td><td>CITY-ST-ZIP</td><td>☐ Change ☐ Addition</td></tr><tr><td>TITLE</td><td>NAME</td><td>STREET ADDRESS</td><td>CITY-ST-ZIP</td><td>☐ Change ☐ Addition</td></tr></table>		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change ☐ Addition	P	Rick Whitcomb	690 Island Way Suite 910	Clearwater Beach, FL 33767	☐ Change ☐ Addition	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change ☐ Addition	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change ☐ Addition	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change ☐ Addition	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change ☐ Addition
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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 507, 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: 		DATE 4/13/03 727-641-9796 Signature, AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone																																																													

90089930



☐ CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)