

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90182 049 ***150.00

DOCUMENT # P02000010897

1. Entity Name
COMPUSAT, INC.



Principal Place of Business
**713 NE 5TH STREET
CRYSTAL RIVER FL 34429**

Mailing Address
**713 NE 5TH STREET
CRYSTAL RIVER FL 34429**

2. Principal Place of Business
713 NE 5TH TERRACE

3. Mailing Address
713 NE 5TH TERRACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
CRYSTAL RIVER, FL

City & State
CRYSTAL RIVER, FL

Zip
34428

Country

Zip
34428

Country

4. FEI Number
75-2983023

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**HA INCORPORATED
208 NW 10th Terrace
Coral Springs FL 33071**

7. Name and Address of New Registered Agent

Name
CARLA HAFNER
Street Address (P.O. Box Number is Not Acceptable)
**713 NE 5TH TERRACE
CRYSTAL RIVER, FL 34428**

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

(NOTE: Registered Agent signature required when reinstating)
DATE **4-23-03**

**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

TITLE **D** ☐ Delete
NAME **HAFNER, CARLA**
STREET ADDRESS **713 NE 5TH STREET**
CITY-ST-ZIP **CRYSTAL RIVER FL 34428**

TITLE **D** ☐ Delete
NAME **HAFNER, ERIC**
STREET ADDRESS **713 NE 5TH STREET**
CITY-ST-ZIP **CRYSTAL RIVER FL 34428**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **713 NE 5TH TERRACE**
CITY-ST-ZIP **CRYSTAL RIVER, FL 34428**

TITLE ☒ Change ☐ Addition
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STREET ADDRESS **713 NE 5TH TERRACE**
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Carla Hafner*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **4-23-03**

Daytime Phone #

CR2E034 (10/02)