2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

P02000062245

1. Entity Name

COMPUTER CONCEPTS OF N.W. FLORIDA, INC.



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

03-17-2003 90133 002 ***150.00

	ILIT CONCEPTS OF M.W. P	LORIL	A, INC.				i				
Principal Place of Business 3533 ROLLING ACRES PACE FL 32571			Mailing Address 3533 ROLLING ACRES PACE FL 32571				,	 -	, , 10		
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2. Principal Place of Business		3. Mailing Address			-						
Suite, Apt. #, etc.		Suite, Apt. #, etc.					☐ CHECK HERE IF MAKING CHANGES				
City & Sta	te	City & State					4. FEI Number Applied For				
Zip	Country	Zip		Count	try		5.	01-0693703 Certificate of Status Desired [\$8.75	Not A	pplicable nal
	6. Name and Address of Current	Register	ed Agent					Name and Address of New Regis	··· Fee Re	quired	
e Salan Sala					Name			Tame and Address of New Regis	ereu Agent		
D'HERON, GREG L						Street Address (P.O. Box Number is Not Acceptable)					
3533 ROLLING ACRES PACE FL 32571											
C	32371			ļ							
· · · · · · · · · · · · · · · · · · ·					City					Code	
8. The above the obligat	named entity submits this statement folions of registered agent.	r the purp	oose of changing its r	egistere	d office or	registere	d ag	ent, or both, in the State of Florida.	am familiar	with, and	accept
SIGNATURE .	Signature, typed or printed name of registered agent a	and title it and	nlicable (NOTE	Pagistarad	A						
F	ILE NOW!!! FEE IS \$150.00		(1012)	- registered	Agent signatu	ile required w	men re	instating)	DATE		
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State								 Election Campaign Financir Trust Fund Contribution. 		5.00 M dded to F	/lay Be Fees
10.	OFFICERS AND DIRECTORS			11.		·	- ADI	DITIONS/CHANGES TO OFFICERS	S AND DIRECT	TORS IN	11
TITLE		_	☐ Delete	TITLE		Pre	Sl	dent	☐ Char		Addition
NAME STREET ADDRESS				NAME		353	9	L. D'Heron Rolling Acres			
CITY-ST-ZIP				CITY-S	FADDRESS ST-ZIP	Pac	e,	FL 32571			
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STREET ADDRESS				NAME STREET	ADDRESS						
CITY-ST-ZIP				CITY-ST	- 1						
12. I hereby ce	rtify that the information supplied with t	his filing o	does not qualify for th	e exemn	otion state	d in Section	on 11	19 07(3)(i) Florida Statutes I furtho	oortify that th	o inter	

2. The Boy Certity 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 excress, with all other like empowered.

SIGNATURE: 🗷

SIGNATURE OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

850293920

4003200