Amendment

09-02-2003 90179 011 ****66.25

FILED

03 SEP -5 PM 12:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000102281

1. Entity Name

Computis, Inc.

**DO NOT WRITE IN THIS SPACE**

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 413 Bayside Lane | PO Box 1555 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Nokomis, FL | City & State: Osprey, FL |
| Zip: 34275 Country: USA | Zip: 34229 Country: USA |

DO NOT WRITE IN THIS SPACE

4. FEI Number 48-1275970 ☐ Applied For ☐ Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name: Steven Colon

Street Address (P.O. Box Number is Not Acceptable)

413 Bayside Lane

City: Nokomis FL Zip Code: 34275

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: Steven Colon 8-4-2003
Signature, typed or printed name of registered agent and title 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 | P<br>Steven Colon<br>413 Bayside Lane, Nokomis, FL 34275 | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | |
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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

**SIGNATURE:** Steven Colon 8-4-2003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #