2003 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003
Secretary of State

DOCUMENT# P02000104609

Entity Name: COMPUTER REPAIRAMEDICS, INC.

Current Principal Place of Business:

1363 DUTCH ELM DR.
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 940351
MAITLAND, FL 327940351

New Mailing Address:

FEI Number: 13-4210682 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MIDDLETON, JEFFREY P
1363 DUTCH ELM DR.
ALTAMONTE SPRINGS, FL 32714

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution (X).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: GEGAN, SHANE M
Address: 1363 DUTCH ELM DR.
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: V ( ) Delete
Name: MIDDLETON, JEFFREY P
Address: 1363 DUTCH ELM DR.
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: ST (X) Delete
Name: WALKER, CHRISTOPHER S
Address: 5506 METRO WEST BLVD. APT. 109
City-St-Zip: ORLANDO, FL 32811

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS (X) Change ( ) Addition
Name: GEGAN, SHANE M
Address: 1363 DUTCH ELM DR.
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: VT (X) Change ( ) Addition
Name: MIDDLETON, JEFFREY P
Address: 1363 DUTCH ELM DR.
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEFFREY P MIDDLETON V 05/01/2003

Electronic Signature of Signing Officer or Director — Date