

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 12, 2003 8:00 am
Secretary of State

02-12-2003 90126 010 ***150.00

DOCUMENT # **P02000107912**

1. Entity Name
O'Brothers Computers, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3401 S. Ferncreek Ave
Suite, Apt. #, etc.

3. Mailing Address
3401 S. Ferncreek Ave
Suite, Apt. #, etc.

20026009

DO NOT WRITE IN THIS SPACE

City & State
Orlando, FL
Zip
32806 Country
Orange

4. FEI Number
11-3656329 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
Stephen A Oswald
Street Address (P.O. Box Number is Not Acceptable)
3401 S. Ferncreek Ave
City
Orlando FL Zip
32806

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	D
NAME	Jeffery J. Oswald
STREET ADDRESS	14 N Ferncreek Ave
CITY - ST - ZIP	Orlando, FL 32803
TITLE	P
NAME	Stephen A Oswald
STREET ADDRESS	3401 S Ferncreek Av
CITY - ST - ZIP	Orl, FL 32806
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

13. 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 11 or on an attachment with an address, with all other like empowerment.

SIGNATURE: **Stephen A Oswald** 1/25/03 3212299252
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)