

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 09, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P94000011228**1. Entity Name  
COMPUTECH SYSTEMS, INCORPORATED

## Principal Place of Business

8715 WAYNICE DR

RALEIGH

27613

US

NC

## Mailing Address

8715 WAYNICE DR

RALEIGH

27613

US

NC

## 2. Principal Place of Business

8715 WAYNICK DR

## 3. Mailing Address

8715 WAYNICK DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

## City &amp; State

RALEIGH

NC

## City &amp; State

RALEIGH

NC

## Zip

27617

## Country

US

## Zip

27617

## Country

US

## 4. FEI Number

65-0465810

## Applied For

Not Applicable

## 5. Certificate of Status Desired

☐**\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

PARKER KELLY  
4904 71ST WAY N.SAINT PETERSBURG  
33709

FL

## 7. Name and Address of New Registered Agent

## Name

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

## City

FL

## Zip Code

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 \_\_\_\_\_ 04/09/2001

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00****After MAY 1, 2001 Fee will be \$550.00****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	<input checked="" type="checkbox"/> Delete
NAME	PARKER KELLY	
STREET ADDRESS	5335 10TH AVE N	
CITY-ST-ZIP	ST PETE FL 33710	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MCCOY DIANE S	
STREET ADDRESS	803 HOLLY HILL DR	
CITY-ST-ZIP	ROLEY HILL CT 06067	
TITLE	D	<input type="checkbox"/> Delete
NAME	PARKER KELLY	
STREET ADDRESS	4904 71ST WAY N	
CITY-ST-ZIP	SAINT PETERSBURG FL 33709	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	MCCOY DENNIS K	
STREET ADDRESS	8715 WAYNICE DR	
CITY-ST-ZIP	RALEIGH NC 27613	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCOY DIANE S	
STREET ADDRESS	803 HOLLY HILL DR	
CITY-ST-ZIP	ROCKY HILL CT 06067	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCOY DENNIS K	
STREET ADDRESS	8715 WAYNICK DR	
CITY-ST-ZIP	RALEIGH NC 27617	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Dennis K. McCoy

P

04/09/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)