

FILED
Aug 01, 2001 8:00 am
Secretary of State

06-20-2001 90008 034 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000038184

1. Entity Name

COMPUTERS PLUS USA, INC.

Principal Place of Business

Mailing Address

946 McANLAN AVE
FT WALTON BCH FL 32517

10728

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3253559

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LAW OFFICE OF JOHN W. HAWKINS
607 HWY 98 E
DESTIN FL 32541

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

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 MONTHLY FEE IS \$100.00

AS OF MAY 1, 2001, Fee will be \$250.00

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
NAME
STREET ADDRESS
CITY- ST- ZIP
PSTD
JAMES T LEWIS
946 McANLAN AVE
FT WALTON BCH FL 32517

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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☐ Change ☐ Addition

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 authority to be empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-10-01

550863-9742

DATE

Signature

CR2004 (11/03)

Attachment
094000038184
[REDACTED]

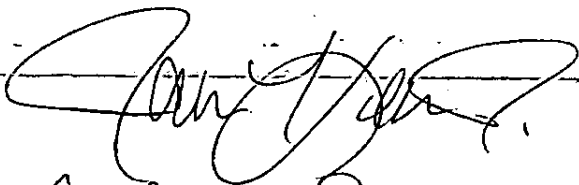
TO WHOM IT MAY CONCERN:

10728

I WAS NOTIFIED BY MY ACCOUNTANT
THAT THE CHECK FOR THIS HAS NOT
CLEARED MY ACCOUNT AS OF JUNE 1,
2001. WE MAILED IN FEBRUARY.

I NOTIFIED YOUR PEOPLE AND
THEY ASKED ME TO DOWNLOAD
A NEW ONE AND SEND PAYMENT.
THANK YOU FOR YOUR CO-OPERATION.

Sincerely



COMPUTERS PWS USA INC.