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.

10728

[redacted]

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
946 McFARLAN AVE FT WALTON BCH FL 32547	

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3253559 ☐ Applied For ☐ Not Applicable

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

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 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD JAMES T LEWIS 946 McFARLAN AVE FT WALTON BCH FL 32547 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (11/00)

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: [signature] 6-10-01 850 863-9742
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment
DE 09-10000381841
[redacted]
10728

TO WHOM IT MAY CONCERN:

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 PLUS USA INC.