

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000045361

1. Entity Name

BRANDON SMITH COMPUTERS, INC.

4/10

**FILED**  
May 21, 2001 8:00 am  
Secretary of State

04-10-2001 90038 035 \*\*\*150.00

Principal Place of Business

Mailing Address

745-E BEAL PKWY NW  
UNIT 3  
FT WALTON BEACH FL 32547  
US

745 E BEAL PKWY NW  
UNIT 3  
FT WALTON BEACH FL 32547  
US

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 59-3252219

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

SMITH, TINA G  
95 LAKE LORRAINE CIRCLE  
SHALIMAR FL 32579

Address  
change

Name

Same

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

2123 Pine Mountain Rd

City Kennesaw

GA FL

Zip Code 30152

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 re-registering)

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	SMITH, BRANDON J	<input type="checkbox"/> Delete
NAME			
STREET ADDRESS		95 LAKE LORRAINE CIRCLE	
CITY-ST-ZIP		SHALIMAR FL 32579	
TITLE	D	SMITH, TINA G	<input type="checkbox"/> Delete
NAME			
STREET ADDRESS		95 LAKE LORRAINE CIRCLE	
CITY-ST-ZIP		MARY ESTHER FL 32579	
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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	Same	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2123 Pine Mountain Rd	
CITY-ST-ZIP	Kennesaw GA 30152	
TITLE	Same	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2123 Pine Mountain Rd	
CITY-ST-ZIP	Kennesaw GA 30152	
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		
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:

*Tina G. Smith*

Tina G. Smith

4/2/01

850-864-2445

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)