

2001 UNIFORM BUSINESS REPORT (UBR)

Amended

DOCUMENT # P 94000045361 (0)

1. Entity Name

BRANDON Smith Computers, Inc.

Principal Place of Business

745 Beal Pkwy NW
Unit 13
Ft Walton, FL 32547

Mailing Address

2774 N. Cobb Pkwy
Suite 109 Box 408
Kennesaw, GA 30152

2. Principal Place of Business

745 Beal Pkwy NW
Suite, Apt. #, etc.
Unit 13

3. Mailing Address

2774 N. Cobb Pkwy
Suite, Apt. #, etc.
Suite 109 Box 408

City & State

Ft Walton FL

City & State

Kennesaw GA

4. FBI Number

59-3252219

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

Smith, Tina G.
745 Beal Pkwy NW
Unit 13
Ft Walton, FL 32547

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

Tina G. Smith (change of address only) 8-28-01

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 \$350.00
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
DIRECTOR Smith, Brandon J.
STREET ADDRESS 2774 N. Cobb Pkwy Suite 109 Box 408
CITY-ST-ZIP Kennesaw, GA 30152

TITLE NAME
DIRECTOR Smith, Tina G.
STREET ADDRESS 2774 N. Cobb Pkwy Suite 109 Box 408
CITY-ST-ZIP Kennesaw, GA 30152

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
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CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME
STREET ADDRESS 500004596995--8
CITY-ST-ZIP -09/18/01--01045--017

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP *****61-26 *****61-26

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

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 (ies) empowered.

SIGNATURE: *Tina G. Smith*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

01 SEP 10 AM 10:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

CR2203471100