

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 18, 2002 8:00 am
Secretary of State

09-18-2002 90052 042 ***550.00

DOCUMENT # P94000062187

1. Entity Name
COMPUTER ONE, INC.

Principal Place of Business

~~3212 PLEASANT LAKE DRIVE~~
TAMPA FL 33618-1017

Mailing Address

~~3212 PLEASANT LAKE DRIVE~~
TAMPA FL 33618-1017

2. Principal Place of Business

6302 BENJAMIN ROAD
 Suite, Apt. #, etc.
410

3. Mailing Address

6302 BENJAMIN ROAD
 Suite, Apt. #, etc.
410

City & State

TAMPA FL

City & State

TAMPA, FL

4. FEI Number

59-3264557

Applied For

Not Applicable

Zip

Country

33634-5116

USA

Zip

Country

33634-5116

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

CAVALIERI, RICHARD E
3212 PLEASANT LAKE DRIVE
TAMPA FL 33618-1017

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

RICHARD E. CAVALIERI - PRESIDENT - 9/12/02
 (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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 **PSTD** ☐ Delete
 NAME **CAVALIERI, RICHARD E**
 STREET ADDRESS **3212 PLEASANT LAKE DRIVE**
 CITY-ST-ZIP **TAMPA FL 33618-1017**

TITLE **PRESIDENT** ☐ Delete
 NAME **DR J. HANE**
 STREET ADDRESS **675 CANAL STREET**
 CITY-ST-ZIP **PALM HARBOR, FL 34684**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VICE-PRESIDENT** ☐ Change ☒ Addition
 NAME **JONATHAN E. COX**
 STREET ADDRESS **675 CANAL STREET**
 CITY-ST-ZIP **PALM HARBOR, FL 34684**

TITLE ☐ Change ☐ Addition
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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:

Richard E. Cavalieri
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)