FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State
05-15-2002 90094 024 ***150.00

DOCUMENT # P94000065680

1. Entity Name: Computer Evolution Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
131 Point Pleasant	P.O. Box 3052
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Key Largo FL	City & State: Key Largo FL
Zip: 33037 Country: USA	Zip: 33037 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0520952 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Del Steinacker

Street Address (P.O. Box Number is Not Acceptable): 131 Point Pleasant

City: Key Largo FL Zip Code: 33037

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] 4/30/02
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) ☐

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	President Del Steinacker Jr 131 Point Pleasant Key Largo FL 33037
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

[signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02 Date

3054533600 Daytime Phone #