2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000076757 Sep 13, 2000 8:00 am Secretary of State 1. Entity Name COMPUTERS, INC. 09-13-2000 90057 011 ***550.00 Principal Place of Business Mailing Address 2400 S TAMIAM! TRAIL 2400 S TAMIAMI TRAIL PUNTA GORDA FL 33950 PUNTA GORDA FL 33950 **UUUII *~~** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0539140 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SPENDER, JEAN E Street Address (P.O. Box Number is Not Acceptable) 206 YUCCA ST **PUNTA GORDA FL 33955** Zip Code City e 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete TITLE Change Change Addition TITLE HUDEN, JAMES E. 206 YUCCA ST HUDEN, JAMES E NAME NAME STREET ADDRESS STREET ADDRESS 206 YOCCA ST CITY-ST-ZIP CITY-ST-ZIP PUNTA GORDA FL PUNTA GORNA, FL Change □ Addition ☐ Delete TITLE NAME NAME SPENDER, JEAN STREET ADDRESS 206 YUCCA ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **PUNTA GORDA FL 33955** Delete Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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), Fiorida 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: