FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 15, 2002 8:00 am Secretary of State DOCUMENT # P94000076757 1. Entity Name 05-15-2002 90077 029 ***150.00 COMPUTERS, INC. Principal Place of Business Mailing Address 2400 S TAMIAMI TRAIL 2400 S TAMIAMI TRAIL PUNTA GORDA FL 33950 PUNTA GORDA FL 33950 2. Principal Place of Business 3. Mailing Address STREE <u> 214 NESBIT</u> NESB Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For CORIOA GOLDA 65-0539140 PUNTA PUNTA Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HUDENI SPENDER, JEAN E Street Address (P.O. Box Number is Not Acceptable) 206 YUCCA ST **PUNTA GORDA FL 33955** 51 UCCA 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. KAN E. SIGNATURE ame of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. \Box (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition CR2E034 (9/01 Change NAME HUDEN, JAMES E NAME STREET ADDRESS 206 YOCCA ST STREET ADDRESS CITY-ST-ZIE PUNTA GORDA FL 33955 CITY-ST-ZIP PRESIDENT TITLE ☐ Delete TITLE X Change ☐ Addition MAJE INSTUH NAME SPENDER, JEAN NAME 206 YUCCA ST STREET ADDRESS 206 YUCCA ST STREET ADDRESS **PUNTA GORDA FL 33955** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change Addition NAME : NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. Thereby 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 empow

Date

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR