

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000081160

1. Entity Name
COMPUTER TYME, INCORPORATED

FILED
Aug 22, 2000 8:00 am
Secretary of State

08-22-2000 90121 001 ***300.00

Principal Place of Business
401 SO. FLORIDA AVENUE
LAKELAND FL 33801

Mailing Address
401 SO. FLORIDA AVENUE
LAKELAND FL 33801

1 3 0 4 1



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
318 S. Scenic Hwy

Suite Apt. #, etc.
100

3. Mailing Address
318 S. Scenic Hwy

Suite, Apt. #, etc.
Suite 100

City & State
Lake Wales, FL

City & State
Lake Wales, FL

4. FEI Number NOT APPLICABLE

Applied For
Not Applicable

Zip
33853

Country
USA

Zip
33853

Country
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

OSTEEN, ALLEN
401 SO. FLORIDA AVENUE
LAKELAND FL 33801

Name

Street Address (P.O. Box Number is Not Acceptable)

318 S. Scenic Hwy

Suite 100

City

Lake Wales,

FL

Zip Code

33853

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, 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 \$550.00
After SEPTEMBER 13, 2000 Min. 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
OSTEEN, ALLEN
401 SO. FLORIDA AVENUE
LAKELAND FL 33801 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
318 S. Scenic Hwy., Suite 100
Lake Wales, FL 33853 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)