

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2002 8:00 am
Secretary of State
 02-19-2002 90017 008 ***150.00

DOCUMENT # P95000007356

1. Entity Name

COMPUTER SERVICE CENTER OF OCALA, INC.

Principal Place of Business

816 S MAGNOLIA AVE
 OCALA FL 34474
 US

Mailing Address

816 S MAGNOLIA AVE
 OCALA FL 34474
 US

2. Principal Place of Business

P.O. Box 830367

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 830367

Suite, Apt. #, etc.

City & State

OCALA FL

City & State

OCALA FL

Zip

34483-0367

Country

USA

Zip

34483-0367

Country

USA

4. FEI Number

59-3290789

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SHOWALTER, CHRISTOPHER D

225 NW 37TH CT

OCALA FL 34470

225 NE 37TH CT

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.

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 \$150.00
After May 1, 2002 Fee will be \$550.00
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 **P** ☐ Delete
 NAME **SHOWALTER, CHRISTOPHER D**
 STREET ADDRESS **225 NE 37TH CT**
 CITY-ST-ZIP **OCALA FL 34470**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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:

SHOWALTER, CHRISTOPHER D
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/2002 352-368-7713
 Date Daytime Phone #

CR2E034 (9/01)