

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # — P95000022919

1. Entry Name

INTERNATIONAL COMPUTER TRADING, INC.

FILED
Mar 08, 2001 8:00 am
Secretary of State

03-08-2001 90094 046 ***150.00

Principal Place of Business
3613 DEL PRADO BLVD.
CAPE CORAL, FL. 33904

Mailing Address
3613 DEL PRADO BLVD.
CAPE CORAL, FL. 33904

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FBI Number

65-0579888

Added For

Not Applicable

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

MANSSON, ANDERS
3613 DEL PRADO BLVD.
CAPE CORAL, FL. 33904

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

City FL Zip Code

8. The above named entry 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 Date Supplied)

(NOTE: Registered Agent's Signature Required when Changing)

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (11-11)

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
D
KARLSSON, CHRISTER
3613 DEL PRADO BLVD.
CAPE CORAL, FL. 33904 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Change ☐ Add

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
P
MANSSON, ANDERS
3613 DEL PRADO BLVD.
CAPE CORAL, FL. 33904 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Change ☐ Add

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-STATE-ZIP
☐ Change ☐ Add

TITLE
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CITY-STATE-ZIP
☐ Delete

TITLE
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CITY-STATE-ZIP
☐ Change ☐ Add

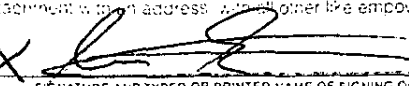
TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Delete

TITLE
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CITY-STATE-ZIP
☐ Change ☐ Add

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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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/01 (941) 549-7400

Date

Daytime Phone #

UNCL001 (1/01)