2001 OMITONIN BOSINESS REPORT (ODN)					_ Aug 24, 2001 8:00 am			
DOCUMENT # P950000 23190 1. Entity Name					Secretary of State 08-24-2001 90006 002 ***550.00			
COMPUTER	EXPERTS	s, Inc	•	/	08-24-200)1 9000C	002 3	30.00
Principal Place of Business	N	falling Address						
736, SW	UTTH TERM	73615	ie) 1	ITTHER	24			
MIAMI FL	33156-460	וחמודו ל	FL	33156-4	467 C0075	700		
Principal Place of Business 3. Mailing Address								
Suite, Apt. #, etc. Suite, Apt. #, etc.					DO NOT WRITE IN THIS SPACE			
City & State		City & State			4. FEI Number 65-0567194 Applied For Not Applied For			
Zip C	ountry	Zlp Coun		TN .	05-036)	_		lot Applicable
ا ا	Suriary			-,	5. Certificate of Status Desired S8.75 Additional Fee Required			
6. Name and	Address of Current Regi	stered Agent			7. Name and Address of New	Registered	'Agent	
NOS	Comment	•		Name				1
KOEHLER CHRISTIAN Street Address					(P.O. Box Number is Not Acceptable)			
								
MINGITY FL	- 33156-	4667						
				City		F	L Zip Coo	de :
8. The above named entity sub	mits this statement for the	purpose of changing its	registere	d office or regist	ered agent, or both, in the State of F	Porida		
SIGNATURE !	ted name of registered agent and title	s if applicable. (NOTI	E: Registered	1 Agent signature requir	ed when reinstating)	DATE		
		FLENOW	77.63					
9. This corporation is eligible to Tax filing requirement and experiment (See criteria on back) 1. This corporation is eligible to Tax filing requirement and experiment		After MAY 1.20 Main Chack Payal	01 Fee	will be \$550.00	Trust Fund Contribut	_		00 May Be ad to Fees
11.	OFFICERS AND DIRE	CTORS	12.		ADDITIONS/CHANGES TO DI	FICERS A	ND DIRECTOR	
TITLE PD	- Cuncia	☐ Delete	TITLE	- 1			Change	Addition
STREET ADDRESS 73615	R CHRISIIA	N TEPO		ET ADDRESS				
CITY-ST-ZIP	DR CHRISTIA SW 1175H 1 FL 3315	2-4667		-ST-ZIP				
TITLE VSD		☐ Delete	TITLE				Change	Addition
NAME KOEHLE	R KARLA		NAME					
STREET ADDRESS 7361	SWITTH	IERR .	STRE	ET ADORESS				

CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE MANE - -NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME HÄME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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). 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 prove 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: