2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P95000057587**

1. Entity Name

COMPUTERS FRIENDLY, INC.

Principal Place of Business Mailing Address

625 N. FERDON BLVD. ODERTIFIED EL SORGE

SIGNATURE

625 N. FERDON BLVD. CRESTVIEW FL 32536-2169

0.100777217 1 0 000	••					
2 Principal Place	of Business	3. Mailing Address				
2. Principal Place of Business		3. Walling Address				
Suite, Apt. #, e	tc.	Suite, Apt. #, etc.			DO NOT WE	
City & State		City & State			4. FEI Number 59-33246	
Zip	Country	Zip	Coun	try	5. Certificate of Status Desired	
	3. Name and Address of Cu	ırrent Registered Agent			7. Name and Address of New	
		 -		Name	-	
Ward, Fredrick L 625 n. Ferdon Blvd.		Street Addr		ess (P.O. Box Number is Not Acceptab		
CRESTVIEW FL 32536				ì		

FILED Apr 23, 2000 8:00 am Secretary of State

04-23-2000 90008 036 ***150.00



DO NOT WRITE IN THIS SPACE

er	E0 0004000			Applied For	
	59-3324602		_ [Not Applicat	ole
- 1	Otatus Danisad		\$8.7	5 Additional	

Fee Required

Zip Code

ress of New Registered Agent vot Acceptable)

City

8.	. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the	e State of Florida

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State

(NOTE: Registered Agent signature required when reinstating)

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. D ☐ Delete TITLE ☐ Change Addition TITLE WARD, FREDRICK L NAME NAME STREET ADDRESS STREET ADDRESS 625 N. FERDON BLVD. CITY-ST-ZIP CITY-ST-ZIP CRESTVIEW FL 32536 ☐ Change Addition TITLE ☐ Delete TITLE 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 ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition Delete TITLE TITLE NAME NAME 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 execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if chapter of the corporation or the receiver of the corporation of the receiver of the rec ddress, with all of changed, or on an attache

FREDRICK L. WARD 4

CR2E034 (9/99)