

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000063116

1. Entity Name

COMPUTRONICS COMPUTER CORPORATION

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90102 033 ***158.75

Principal Place of Business

Mailing Address

1961 US ALT 19 N
TARPON SPRINGS FL 34689

P.O. BOX 3052
HOLIDAY FL 34690-0052
US

DUUUJ1b0



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3330585

Applied 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

JOHN W. STAMATHIS
1734 ARABIAN LANE
PALM HARBOR FL 34685

Name Robert J Therrien

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

3508 Westminister Ct

City Holiday

FL

Zip Code 34691

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 Robert J. Therrien
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-10-2000

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, 2000 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 IN 11

TITLE	VP	<input type="checkbox"/> Delete
NAME	KIS, TAMAS	
STREET ADDRESS	1426 WHITEHALL LANE	
CITY-ST-ZIP	HOLIDAY FL 34691	
TITLE	SCEO	<input type="checkbox"/> Delete
NAME	THERRIEN, T R	
STREET ADDRESS	3508 WESTMINISTER CT	
CITY-ST-ZIP	HOLIDAY FL 34691	
TITLE	P	<input type="checkbox"/> Delete
NAME	TIHERRIEN, SHAWN J	
STREET ADDRESS	3508 WESTMINISTER COURT	
CITY-ST-ZIP	HOLIDAY FL 34691	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 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

SHAWN J THERRIEN

1-10-2000

Date

727-934-5348

Daytime Phone #

CR2E034 (9/99)