

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90009 039 ***150.00

DOCUMENT # P95000063116

1. Entity Name
COMPUTRONICS COMPUTER CORPORATION

Principal Place of Business
1961 US ALT 19 N
TARPON SPRINGS FL 34689
US

Mailing Address
P.O. BOX 3052
HOLIDAY FL 34690
US

2. Principal Place of Business

3. Mailing Address

1961 US ALT 19 N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

TARPON SPRINGS, FL

4. FEI Number **59-3330585**

Applied For

Not Applicable

Zip

Country

Zip

Country

34689

USA.

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THERREN, ROBERT J
7136 ARBORETUM WAY
NEW PORT RICHEY FL 34655

Name

RICHARD L. MICCICHE

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

7443 WHISPER WOODS COURT

City

NEW PORT RICHEY

FL

Zip Code

34655

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]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-25-02

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **SCEO** ☒ Delete
 NAME **THERRIEN, T R**
 STREET ADDRESS **7136 ARBORETUM WAY**
 CITY-ST-ZIP **NEW PORT RICHEY FL 34655**

TITLE **PRESIDENT** ☒ Change ☒ Addition
 NAME **RICHARD L. MICCICHE**
 STREET ADDRESS **7443 WHISPER WOODS CT.**
 CITY-ST-ZIP **NEW PORT RICHEY FL 34655-4052**

TITLE **P** ☒ Delete
 NAME **THERRIEN, SHAWN J**
 STREET ADDRESS **7503 MITCHELL RAND ROAD**
 CITY-ST-ZIP **NEW PORT RICHEY FL 34655**

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

TITLE ☐ Delete
 NAME
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TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-02 727-934-5348
 Date Daytime Phone #

CR2E034 (9/01)