2001 UNIFORM BUSINESS REPORT (UBR)

4/26

FILED
May 18, 2001 8:00 am
Secretary of State
04-26-2001 90318 024 ***150.00

DOCUMENT # P95000082730

1. Entity Name

COMPUTER MANAGEMENT USA, INC.

Principal Place of Business	Mailing Address
5892 PINE GROVE RD OVIEDO FL 32765 US	P.O. BOX 3129 WINTER PARK FL 32790-3129 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
13501 INGENUITY DRIVE	
Suite, Apt. #, etc.: Suite 100	Suite, Apt. #, etc.:
City & State: ORLANDO, FL	City & State:
Zip: 32826 Country: USA	Zip: Country:

4. FEI Number: 59-3345401 ☐ 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
PEREIRA, LUIS 5892 PINE GROVE RD OVIEDO FL 32765	Name: Street Address (P.O. Box Number is Not Acceptable): 1835 BRYAN AVENUE City: WINTER PARK FL Zip Code: 32789

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: _____ 01/31/2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating) 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 IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MEAKIN, ANTHONY 2 NORTHSHORE OCEAN VIEW 4151 SOUTH AFRICA	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MEAKIN, LINDA MARION 2 NORTHSHORE OCEAN VIEW 4151 SOUTH AFRICA	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PDS PEREIRA, DOS REIS AGOS L 5892 PINE GROVE RUN OVIEDO FL 32765	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PDS 1835 BRYAN AVENUE WINTER PARK, FL 32789	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DENNIS J. HARWARD 7645 ALBRITTON ROAD ST. CLOUD, FL 34772	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/00)

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: _____ 01/31/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date