

2000 UNIFORM BUSINESS REPORT (UBR)

5

FILED

Jun 28, 2000 8:00 am
Secretary of State

05-30-2000 90066 048 ***150.00

DOCUMENT # P95000085466

1. Entity Name

COMPUTER WELLNESS, INC.

Principal Place of Business

14220 SUMMERSVILLE PLACE
DAVIE FL 33325

Mailing Address

14220 SUMMERSVILLE PLACE
DAVIE FL 33325-6518

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

MCCARTHY, WILLIAM B
14220 SUMMERSVILLE PLACE
DAVIE FL 33325

8. The above named entity submits this statement:

SIGNATURE

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

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

TITLE P
NAME MCCARTHY, TERRI
STREET ADDRESS 2796 FALLING TREE CIRCLE
CITY-ST-ZIP ORLANDO FL 32837 ☐ Delete

TITLE V
NAME KNIFFEN, ANTHONY
STREET ADDRESS 1200 BARTOW HILLS DRIVE #180
CITY-ST-ZIP AUSTIN TX 78704 ☐ Delete

TITLE D
NAME MCCARTHY, JOHN S
STREET ADDRESS 2796 FALLING TREE CIR
CITY-ST-ZIP ORLANDO FL 32837 ☐ Delete

TITLE TS
NAME JOHNSON, DAVID
STREET ADDRESS 610 2996 FALLING TREE CIRCLE
CITY-ST-ZIP ORLANDO FL 32837 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRESIDENT
NAME
STREET ADDRESS 2796 FALLING TREE CIR.
CITY-ST-ZIP ☒ Change ☐ Addition

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

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

TITLE TREASURER/SECRETARY
NAME
STREET ADDRESS c/o 2796 FALLING TREE CIR.
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE WILLIAM B. MCCARTHY
NAME 14220 SUMMERSVILLE PL.
STREET ADDRESS DAVIE FL 33325 ☐ Change ☒ Addition
CITY-ST-ZIP DIRECTOR

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

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

5/9/00

954-817-3876

DO NOT WRITE IN THIS SPACE

Number 65-0625296	Applied For Not Applicable
Indicate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Name and Address of New Registered Agent	
Number is Not Acceptable)	
FL	Zip Code
or both, in the State of Florida.	
5/9/00	
DATE	

CR2E034 (9/99)