

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000085466

1. Entity Name  
COMPUTER WELLNESS, INC.

**FILED**  
**Mar 08, 2001 8:00 am**  
**Secretary of State**

03-08-2001 90065 043 \*\*\*150.00

Principal Place of Business  
14220 SUMMERSVILLE PLACE  
DAVIE FL 33325

Mailing Address  
14220 SUMMERSVILLE PLACE  
DAVIE FL 33325

2. Principal Place of Business  
5025 S. Orange Av.  
Suite, Apt. #, etc.

3. Mailing Address  
5025 S. Orange Av.  
Suite, Apt. #, etc.

City & State  
Orlando, FL  
Zip  
32809  
Country  
USA

City & State  
Orlando, FL 32809  
Zip  
32809  
Country  
USA

4. FEI Number 65-0625296

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

MCCARTHY, WILLIAM B  
14220 SUMMERSVILLE PLACE  
DAVIE FL 33325

## 7. Name and Address of New Registered Agent

Name  
Terri L. McCarthy  
Street Address (P.O. Box Number is Not Acceptable)  
4237 Summit Creek Blvd  
Suite 5105  
City  
Orlando, FL  
Zip Code  
32837

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  
Terri L. McCarthy, President  
Signature, typed or printed name of registered agent and title if applicable

3/1/01  
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

TITLE  
P  
NAME  
MCCARTHY, TERRI  
STREET ADDRESS  
2796 FALLITA 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  
TSD  
NAME  
JOHNSON, DAVID  
STREET ADDRESS  
C/O 2996 FALLITA TREE CIRCLE  
CITY-ST-ZIP  
ORLANDO FL 32837 ☒ Delete

TITLE  
D  
NAME  
MCCARTHY, WILLIAM B  
STREET ADDRESS  
14220 SUMMERSVILLE PLACE  
CITY-ST-ZIP  
DAVIE FL 33325 ☐ Delete

TITLE  
  
NAME  
  
STREET ADDRESS  
  
CITY-ST-ZIP  
  
☐ Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
P  
NAME  
Terri L. McCarthy  
STREET ADDRESS  
4237 Summit Creek Blvd. #5105  
CITY-ST-ZIP  
Orlando, FL 32837 ☒ Change ☐ Addition

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

TITLE  
D  
NAME  
McCarthy, John S.  
STREET ADDRESS  
4237 Summit Creek Blvd #5105  
CITY-ST-ZIP  
Orlando, FL 32837 ☒ Change ☐ Addition

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

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

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  
Terri L. McCarthy  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/01  
Date  
(407) 857-9500  
Daytime Phone #

CR2E034 (10/00)