2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State
02-26-2002 90027 031 ***158.75

DOCUMENT # P95000085466

1. Entity Name
COMPUTER WELLNESS, INC.

Principal Place of Business	Mailing Address
5025 S ORANGE AVE ORLANDO FL 32809	5025 S ORANGE AVE ORLANDO FL 32809

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3712 Manteo Circle	3712 Manteo Circle
Suite, Apt. #, etc. N/A	Suite, Apt. #, etc. N/A
City & State Orlando FL	City & State Orlando FL
Zip 32837 Country USA	Zip 32837 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	7. Name and Address of New Registered Agent
MCCARTHY, TERRY L 4237 SUMMIT CREEK BLVD STE 5105 ORLANDO FL 32837	Name McCarthy, Terri L. Street Address (P.O. Box Number is Not Acceptable) 3712 Manteo Circle 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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent 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, 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P MCCARTHY, TERRI 4237 SUMMIT CREEK BLVD 5105 ORLANDO FL 32837	☐ Delete	TITLE P NAME STREET ADDRESS CITY-ST-ZIP	McCarthy, Terri 3712 Manteo Circle Orlando, FL 32837	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V KNIFFEN, ANTHONY 1200 BARTOW HILLS DRIVE #180 AUSTIN TX 78704	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCCARTHY, JOHN S 4237 SUMMIT CREEK BLVD 5105 ORLANDO FL 32837	☐ Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	McCarthy, John 3712 Manteo Circle Orlando, FL 32837	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCCARTHY, WILLIAM B 14220 SUMMERSVILLE PLACE DAVIE FL 33325	☐ 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
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/01)

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 2/6/02 (407) 857-9500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ORDER FORM

Name ______________________________

Company ______________________________

Address ______________________________

City ______________________________

State _____ Zip ______________________

Phone __________________ Qty ______

Card # ______________________________

Exp. Date ____________________________

Specify: ☐ CD-ROM ☐ Floppy

☐ Macintosh ☐ PC

Signature ____________________________

Product Order Code _ _ _ _ _ _

Licensing Fee: $125.00

To pay by credit card call toll free

1-800-706-8617

(24 hours)

VISA • MasterCard • American Express • Discover • P.O.

or send check or money order to

Computer Wellness, Inc.

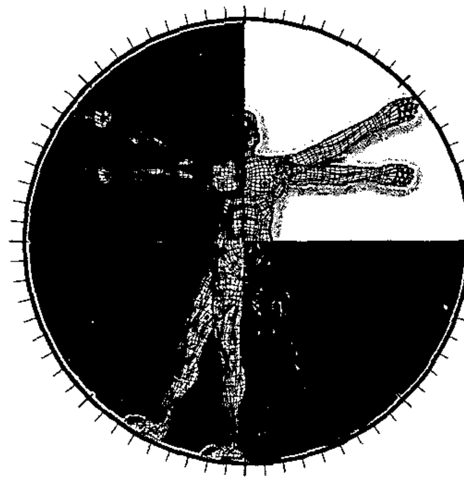
14220 Summersville Place
Davie, FL 33325

Check us out *online!*

http://www.desktopdoctor.com
info@desktopdoctor.com

Computer Wellness, Inc.
14220 Summersville Place
Davie, FL 33325

WARNING: USING YOUR COMPUTER MAY BE HAZARDOUS TO YOUR HEALTH!!



413518

Desktop Doctor 2.0

Attachment Document # P95000085466

COMPUTER WELLNESS, INC.
14220 Summersville Place
Davie, FL 33325

1-800-706-8617
http://www.desktopdoctor.com