Computer
14521 Ma
Ala
386-462-2

FILED
May 16, 2002 8:00 am
Secretary of State
05-16-2002 90062 018 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000007799 ✓

1. Entity Name
COMPUTER DOCTOR EXPRESS INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
14521 MAIN ST		P.O. BOX 286	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: ALACHUA FL		City & State: ALACHUA FL	
Zip: 32615	Country: USA	Zip: 32616	Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3356937 ☐ Applied For ☐ Not Applicable

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

7. **Name and Address of Current Registered Agent**
Name: JERRY MACDOUGALL
Street Address (P.O. Box Number is Not Acceptable): 16721 NW 134 DRIVE
City: ALACHUA FL Zip Code: 32615

DO NOT WRITE IN THIS SPACE

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] 4/29/02
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) ☐

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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	PRESIDENT	TITLE	~~PRESIDENT~~
NAME	JERRY MACDOUGALL	NAME	
STREET ADDRESS	16721 NW 134 DRIVE	STREET ADDRESS	
CITY-ST-ZIP	ALACHUA FL 32615	CITY-ST-ZIP	
TITLE	CEO & SECRETARY	TITLE	
NAME	CECILE MACDOUGALL	NAME	
STREET ADDRESS	16721 NW 134 DRIVE	STREET ADDRESS	
CITY-ST-ZIP	ALACHUA FL 32615	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] J.S. MACDOUGALL 4/29/02 386 462-2565
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #