## 2001 UNIFORM BUSINESS REPORT (UBR) FILED May 04, 2001 8:00 am Secretary of State DOCUMENT # P9600036900 1. Entity Name EWG COMPUTERS INC. 05-04-2001 90080 007 \*\*\*158.75 Mailing Address Principal Place of Business 10880 METRO PKWY 10880 METRO PKWY STE F 738331 STE F FT MYERS FL 33912 FT MYERS FL 33912 US US 2. Principal Place of Business 3. Mailing Address 2437 GORHAM 437 GORHAM MENUE Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State FORT MYERS City & State 4. FEI Number 65-0657228 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent - -Name and Address of Current Registered Agent GRISWOLD GRISWOLD, EDWARD Street Addre 10880 METRO PKWY SUITE F FORT MYERS FL 33912 purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity submits this state EDWARD GRISWOLD PRES. EWGI COMPUTERS, INC SIGNATURE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Change TITLE Delete TITLE GRISWOLD, EDWARD NAME NAME STREET ADDRESS 10880 METRO PKWY STE F 31 GORHAM AVENUE ORT MYERS FL 3390 STREET ADDRESS CITY-ST-7IP FORT MYERS FL 33912 CITY-ST-ZIP SVP Delete TITI F TITLE WORMUTH, PAULA J NAME NAME 10880 METRO PKWY STE F STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-7IP FORT MYERS FL 33912 Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

Date

SIGNATURE: