

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2002 8:00 am
Secretary of State

0371206 AV

DOCUMENT # P96000047815

1. Entity Name
COMPUTER ENGINEERING ORGANIZATION, INC.

04-10-2002 90671 015 ***150.00

Principal Place of Business
3651 FAU BLVD
STE 210
BOCA RATON FL 33431
US

Mailing Address
3651 FAU BLVD
STE 210
BOCA RATON FL 33431
US

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2. Principal Place of Business
23123 STATE ROAD 7
 Suite, Apt. #, etc.
STE 225

3. Mailing Address
23123 STATE ROAD 7
 Suite, Apt. #, etc.
STE 225

DO NOT WRITE IN THIS SPACE

City & State
BOCA RATON, FL

City & State
BOCA RATON, FL

4. FEI Number **65-0675436**

Applied For
 Not Applicable

Zip Country
33428 US

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

EARNEST, SCOTT A
3651 FAU BLVD
STE 210
BOCA RATON FL 33431

Name
EARNEST, SCOTT A
 Street Address (P.O. Box Number is Not Acceptable)
23123 STATE ROAD 7
STE 225
 City **BOCA RATON** **FL** Zip Code **33428**

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

(NOTE: Registered Agent signature required when reinstating)

3-15-02

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
V
FRIBOURG, J WALTER
14677 PLUMOSA DRIVE
JACKSONVILLE FL 32250 ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
P
SCOTT, EARNEST
5022 NW 123 AVE
CORAL SPRINGS FL 33076 ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
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☐ Delete

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

3-15-02

Date

561-477-7228

Daytime Phone #

CR2E034 (9/01)