

UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90320 036 ***150.00

DOCUMENT # **P940000049298** ✓
 1. Entity Name **ALL COMPUTER EMERITS, INC.**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
967 E. ALTAMUNTE DR.
 Suite, Apt. #, etc.

3. Mailing Address
967 E. ALTAMUNTE DR.
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
ALTAMUNTE SPRINGS, FL
 Zip
32701
 Country
US

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4. FEI Number
59-3389170

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
THOMAS E. CABLE
 Street Address (P.O. Box Number is Not Acceptable)
614 ORANGE DR #196

City
ALTAMUNTE SPRINGS FL
 Zip Code
32701

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 **Thomas E Cable**

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

(NOTE: Registered Agent signature required when reinstating)

4/2/02
 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
P/V/T/S/D
 NAME
THOMAS E. CABLE
 STREET ADDRESS
614 ORANGE DR #196
 CITY-ST-ZIP
ALTAMUNTE SPRINGS, FL 32701

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DO NOT WRITE IN THIS SPACE

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: **Thomas E Cable**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/02

Date

407-767-6563

Daytime Phone #