

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 15, 2001 8:00 am**
Secretary of State

03-15-2001 90190 027 ***150.00

DOCUMENT # P96000058164

1. Entity Name

COMPUTERS BY STAR TECHNOLOGY, INC.

Principal Place of Business

**4655 LENOX AVE
JACKSONVILLE FL 32205
US**

Mailing Address

**4655 LENOX AVE
JACKSONVILLE FL 32205
US**

00000144



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5713 Beach Blvd
Suite, Apt. #, etc.

3. Mailing Address

5713 Beach Blvd
Suite, Apt. #, etc.

City & State

Jacksonville FL 32207

City & State

Jacksonville FL4. FEI Number **59-3379359**

Applied For

Not Applicable

Zip

32207

Country

US

Zip

32207

Country

US5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**JENNINGS, BRYANT
4655 LENOX AVE
JACKSONVILLE FL 32205**

7. Name and Address of New Registered Agent

Name **Jennings, Bryant**

Street Address (P.O. Box Number is Not Acceptable)

5713 Beach Blvd

City

Jacksonville**FL**

Zip Code

32207

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 **Bryant D Jennings**
Signature, typed or printed name of registered agent and title if applicable.**Bryant D Jennings**
(NOTE: Registered Agent signature required when reinstating)**9 Mar 01**
DATE9. 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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **JENNINGS, BRYANT**
STREET ADDRESS **4655 LENOX AVE**
CITY-ST-ZIP **JACKSONVILLE FL**TITLE **VP** ☐ Delete
NAME **JENNINGS, ANGELA**
STREET ADDRESS **4655 LENOX AVE**
CITY-ST-ZIP **JACKSONVILLE FL**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
NAME **Jennings, Bryant**
STREET ADDRESS **5713 Beach Blvd**
CITY-ST-ZIP **Jacksonville FL 32207**TITLE **VP** ☒ Change ☐ Addition
NAME **Jennings, Angela**
STREET ADDRESS **5713 Beach Blvd**
CITY-ST-ZIP **Jacksonville FL 32207**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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.

SIGNATURE: **Bryant D Jennings**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bryant D Jennings

Date

Daytime Phone #

904-356-9800

CR2E034 (10/00)