

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State
 05-28-2002 91783 043 ***150.00

DOCUMENT # P96000058164

1. Entity Name
COMPUTERS BY STAR TECHNOLOGY, INC.

Principal Place of Business

**5713 BEACH BLVD
 JACKSONVILLE FL 32207
 US**

Mailing Address

**5713 BEACH BLVD
 JACKSONVILLE FL 32207
 US**

B0118805



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1379 Cassat Ave
 Suite, Apt. #, etc.

3. Mailing Address

1379 Cassat Avenue
 Suite, Apt. #, etc.

City & State

Jacksonville FL

City & State

Jacksonville FL

4. FEI Number

59-3379359

Applied For

Not Applicable

Zip

Country

32205 US

Zip

Country

32205 US

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**JENNINGS, BRYANT
 5713 BEACH BLVD
 JACKSONVILLE FL 32207**

7. Name and Address of New Registered Agent

Name **Jennings Bryant**
 Street Address (P.O. Box Number is Not Acceptable)
1379 Cassat Avenue
 City **Jacksonville FL** Zip Code **32205**

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)

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

TITLE	P	<input type="checkbox"/> Delete
NAME	JENNINGS, BRYANT	
STREET ADDRESS	5713 BEACH BLVD	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	VP	<input type="checkbox"/> Delete
NAME	JENNINGS, ANGELA	
STREET ADDRESS	5713 BEACH BLVD	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jennings, Bryant	
STREET ADDRESS	1379 Cassat Ave	
CITY-ST-ZIP	Jacksonville FL 32205	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jennings, Angela	
STREET ADDRESS	1379 Cassat Ave	
CITY-ST-ZIP	Jacksonville FL 32205	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

[Signature of Bryant Jennings]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1 May 02 904-384-3772

CR2E034 (9/01)