

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000067376

1. Entity Name

COMPUTER LIQUIDATION OUTLET INC.

FILED

Mar 28, 2001 8:00 am  
Secretary of State

03-28-2001 90220 013 \*\*\*150.00

Principal Place of Business

50 SIXTH AVE  
VERO BEACH FL 32962  
US

Mailing Address

50 SIXTH AVE  
VERO BEACH FL 32962  
US

2. Principal Place of Business

50 Fifth CT

Suite, Apt. #, etc.

3. Mailing Address

50 Fifth CT

Suite, Apt. #, etc.

City & State

VERO Beach, FL

City & State

VERO Beach, FL

Zip

32962

Country

US

Zip

32962

Country

US

4. FEI Number 59-3402761

Applied For

Not Applicable

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

KRYGERIS, EDWARD J  
50 SIXTH AVE  
VERO BEACH FL 32962

Name

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

City

FL

Zip Code

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 state 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, 2001 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  
P  
KRYGERIS, EDWARD J  
50 SIXTH AVE  
VERO BCH FL

☐ Delete

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

TITLE  
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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

Date

Daytime Phone #

CR2E034 (10/00)