2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Apr 18, 2000 8:00 am Secretary of State DOCUMENT # **P97000034465** 1. Entity Name COMPUTECH COMPUTER CENTER, INC. 04-18-2000 90169 002 ***150.00 Principal Place of Business Mailing Address 1404-CREEKS-EDGE-CT-P.O. BOX 1587 **ORANGE PARK FL 32073** ORANGE PARK FL 32067-1587 HS 2. Principal Place of Business 3. Mailing Address 1529 Winston Lane Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3439627 Park Orange Not Applicable Zip Country **\$8.75** Additional 5. Certificate of Status Desired 32073 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent M. Croutharme BOYD, NANCY M ress (80. Bu Number is Not Acceptable) 1404 CREEKS EDGE CT ORANGE PARK FL 32073 Zig Code 73 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. Nancy m. Croutharmel, Tresident (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PVTS Croutharmel, Nancy M. 1529 Winston Lane PVTS TITLE ☐ Addition TITLE ☐ Delete BOYD, NANCY M NAME NAME 1404 CREEKS EDGE CT STREET ADDRESS STREET ADDRESS Orange Park, FL 32073 **ORANGE PARK FL 32073** CITY-ST-ZIP CITY-ST-ZIF Change ☐ Addition ☐ Delete TITLE TIT) F Croutharmel, Nancy M. 1529 Winston Lane Drange Park, FL 32073 BOYD, NANCY M NAME NAME STREET ADDRESS 1404 CREEKS EDGE CT STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **ORANGE PARK FL 32073** Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Delete TITLE □ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.