

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000049450

1. Entity Name

BREADBOX COMPUTER COMPANY

FILED

Jan 25, 2000 8:00 am  
Secretary of State

01-25-2000 90081 048 \*\*\*150.00

Principal Place of Business

Mailing Address

14120 OCO DIXIE HWY  
HUDSON FL 34667  
US

PO BOX 808  
PORT RICHEY FL 34673-0808  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

14120 Old Dixie Hwy

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3451633

Applied For

Not Applied For

Zip

Country

Zip

Country

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

FISCHER, FRANK  
9400 LAKE CHRISTINA LANE  
PORT RICHEY FL 34668

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 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, 2000 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: D ☐ Delete  
NAME: FISCHER, FRANK  
STREET ADDRESS: 9400 LAKE CHRISTINA LANE  
CITY-ST-ZIP: PORT RICHEY FL 34668

TITLE: ☐ Change ☐ Add  
NAME: ☐ Change ☐ Add  
STREET ADDRESS: ☐ Change ☐ Add  
CITY-ST-ZIP: ☐ Change ☐ Add

TITLE: D ☐ Delete  
NAME: HOWARD, JOHN F  
STREET ADDRESS: 1360 LAKESIDE ROAD  
CITY-ST-ZIP: VIRGINIA BEACH VA 23455

TITLE: ☐ Change ☐ Add  
NAME: ☐ Change ☐ Add  
STREET ADDRESS: ☐ Change ☐ Add  
CITY-ST-ZIP: ☐ Change ☐ Add

TITLE: D ☐ Delete  
NAME: KOCHINKE, CLEMENS  
STREET ADDRESS: 6409 LONDON LANE  
CITY-ST-ZIP: BETHESDA MD 20817

TITLE: ☐ Change ☐ Add  
NAME: ☐ Change ☐ Add  
STREET ADDRESS: ☐ Change ☐ Add  
CITY-ST-ZIP: ☐ Change ☐ Add

TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Change ☐ Add  
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STREET ADDRESS: ☐ Change ☐ Add  
CITY-ST-ZIP: ☐ Change ☐ Add

TITLE: ☐ Delete  
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CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Change ☐ Add  
NAME: ☐ Change ☐ Add  
STREET ADDRESS: ☐ Change ☐ Add  
CITY-ST-ZIP: ☐ Change ☐ Add

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 all other like empowered.

SIGNATURE:

FRANK S. FISCHER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/00

Date

727-862-9911

Daytime Phone #