

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P97000067196

FILED  
Sep 10, 2002  
Secretary of State

Entity Name: COMPUTER EMPORIUM, INC.

## Current Principal Place of Business:

206 EAST ORANGE AVE.  
WAUCHULA, FL 33873

## New Principal Place of Business:

## Current Mailing Address:

206 EAST ORANGE AVE.  
WAUCHULA, FL 33873

## New Mailing Address:

FEI Number: 59-3461342

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MCKIBBEN, JEFF J  
106 SOUTH FIFTH AVE., STE. B  
WAUCHULA, FL 33873 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: THOMPSON, MIKELL S  
Address: P.O. BOX 536  
City-St-Zip: ZOLFO SPRINGS, FL 33890

Title: DST ( ) Delete  
Name: FAULKNER, DONALD M  
Address: PO BOX 1706  
City-St-Zip: WAUCHULA, FL 33873

Title: D ( ) Delete  
Name: PENNY, DAVE  
Address: 11675 PAULA AVE  
City-St-Zip: WAUCHULA, FL 33873

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MIKELL S THOMPSON

DP

09/10/2002

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date