

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90129 034 ***150.00

DOCUMENT # P97000067196



1. Entity Name
COMPUTER. EMPORIUM, INC.

Principal Place of Business
206 EAST ORANGE AVE.
WAUCHULA FL 33873

Mailing Address
206 EAST ORANGE AVE.
WAUCHULA FL 33873

2. Principal Place of Business
2798 Garza Rd.
Suite, Apt. #, etc.

3. Mailing Address
PO Box 1017
Suite, Apt. #, etc.

City & State
Zolfo Springs FL
Zip
33890
Country
USA

City & State
Zolfo Springs, FL
Zip
33890
Country
USA

4. FEI Number **59-3461342** **Applied For**
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ **(NOTE: Registered Agent signature required when reinstating)** **DATE** _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00 May Be**
Trust Fund Contribution. ☐ **Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	THOMPSON, MIKELL S	
STREET ADDRESS	P.O. BOX 536	
CITY-ST-ZIP	ZOLFO SPRINGS FL 33890	
TITLE	DST	<input type="checkbox"/> Delete
NAME	FAULKNER, DONALD M	
STREET ADDRESS	PO BOX 1706	
CITY-ST-ZIP	WAUCHULA FL 33873	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PENNY, DAVE	
STREET ADDRESS	11675 PAULA AVE	
CITY-ST-ZIP	WAUCHULA FL 33873	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Michael Thompson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-03 **863-735-1300**
Date **Daytime Phone #**

CR2E034 (10/02)