

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000073160

1. Entity Name

COMPUTER CRAFTSMAN, INC.

**FILED**  
**Apr 29, 2000 8:00 am**  
**Secretary of State**

04-29-2000 90015 027 \*\*\*150.00

Principal Place of Business

Mailing Address

3615 S OAK MABRY HWY  
TAMPA FL 33629  
US

3615 S DALE MABRY HWY  
TAMPA FL 33611-4231  
US

2. Principal Place of Business

3. Mailing Address

5843 S. DALE Mabry Hwy  
Suite, Apt. #, etc.

SAME  
Suite, Apt. #, etc.

City & State

City & State

Tampa, FL.

Zip  
33611

Country

Zip

Country

4. FEI Number

59-3465796

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

LAWSON, MONICA Z  
2403 STATE STREET  
TAMPA FL 33609

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	P	<input type="checkbox"/> Delete
NAME	RIVERA, EDWIN	
STREET ADDRESS	3914 W BAY VISTA AVE	
CITY-ST-ZIP	TAMPA FL 33611-1228	
TITLE	VP	<input type="checkbox"/> Delete
NAME	REILY, JAMES M	
STREET ADDRESS	3914 W BAY VISTA AVE	
CITY-ST-ZIP	TAMPA FL 33611-1228	
TITLE	ST	<input type="checkbox"/> Delete
NAME	REILY, JAMES M	
STREET ADDRESS	3914 W BAY VISTA AVE	
CITY-ST-ZIP	TAMPA FL 33611-1228	
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		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	10118 Chimney Hill Ct.	
STREET ADDRESS	TAMPA, FL. 33615	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	10118 Chimney Hill Ct.	
STREET ADDRESS	TAMPA, FL. 33615	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	10118 Chimney Hill Ct.	
STREET ADDRESS	TAMPA, FL. 33615	
CITY-ST-ZIP		
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		

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 (9/99)