

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000102553

1. Entity Name

CENTRAL FLORIDA COMPUTER CONSULTANTS, INC.

FILED
Apr 07, 2001 8:00 am
Secretary of State

04-07-2001 90007 027 ***150.00

Principal Place of Business

2642 S.E. GOWIN DRIVE
PORT ST. LUCIE FL 34952

Mailing Address

2642 S.E. GOWIN DRIVE
PORT ST. LUCIE FL 34952

2. Principal Place of Business

1661 SW FALMOUTH AVE

Suite, Apt. #, etc.

3. Mailing Address

1661 SW FALMOUTH AVE.

Suite, Apt. #, etc.

City & State

PORT ST LUCIE, FL. 34953

Zip

34953

Country

ST. LUCIE

City & State

PORT ST LUCIE, FL.

Zip

34953

Country

ST. LUCIE

4. FEI Number

65-0800351

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required.

6. Name and Address of Current Registered Agent

PAHEL, GARY L
2642 S.E. GOWIN DRIVE
PORT ST. LUCIE FL 34952

7. Name and Address of New Registered Agent

Name

PAHEL, GARY L
Street Address (P.O. Box Number is Not Acceptable)
1661 SW FALMOUTH AVE.

City

PORT ST LUCIE

FL

Zip Code

34953

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, 2001 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

TITLE D
NAME PAHEL, GARY L
STREET ADDRESS 2642 S.E. GOWIN DRIVE
CITY-ST-ZIP PORT ST. LUCIE FL 34952 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

4-04-01

Date

561 344-4567

Daytime Phone #

CR2E034 (10/00)