

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 08, 2003 8:00 am
Secretary of State

09-08-2003 90323 013 ***150.00

0103017 AV

DOCUMENT # P97000108529

1. Entity Name
MICROCOMP, INC.



Principal Place of Business
**7124 49TH ST. NORTH
PINELLAS PARK FL 33781**

Mailing Address
**7124 49TH ST. NORTH
PINELLAS PARK FL 33781**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3496369**

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

7. Name and Address of New Registered Agent

**ALTOUBAH, EYAD
7124 49TH ST. NORTH
PINELLAS PARK FL 33781**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ALTOUBAH, EYAD
6245 102ND TERRACE
PINELLAS PARK FL 33782** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**7360 ULMERTON ROAD, #18C
LARGO, FL 33771** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Delete

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

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:

SIGNATURE OF EYAD ALTOUBAH

9/2/03 727-522-4400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)

Attachment

P97000108529

MicroComp, Inc.

80145637

7124 49th Street North

Pinellas Park, FL 33781

Tel (727) 522 - 4400 * Fax (727) 522 - 6613

Date: 9/2/2003

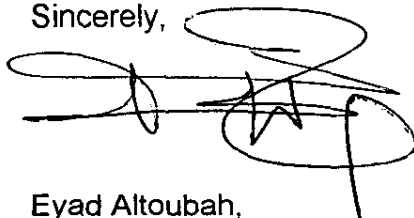
Our Reference: 9220037

**FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS**

Dear Sir or Madam,

We are writing to you to inform you that this was the first notice we receive from you.
Therefore the late fee should be waived. So please find enclosed a check for \$150.00
as a payment for the original filing fee.

Sincerely,

A handwritten signature in black ink, appearing to be 'Eyad Altoubah', written over a horizontal line.

Eyad Altoubah,
President