

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000008389

1. Entity Name
NEWTEK COMPUTER, INC.

FILED
Mar 26, 2001 8:00 am
Secretary of State

03-26-2001 90141 050 ***150.00

Principal Place of Business
1825 TAMiami TRAIL
UNIT F-1
PORT CHARLOTTE FL 33948-1047

Mailing Address
1825 TAMiami TRAIL
UNIT F-1
PORT CHARLOTTE FL 33948-1047

2. Principal Place of Business
2592 TAMiami TRAIL
Suite, Apt. #, etc.
SUITE D
City & State
PORT CHARLOTTE, FL
Zip
33952
Country
USA

3. Mailing Address
2592 TAMiami TRAIL
Suite, Apt. #, etc.
SUITE D
City & State
PORT CHARLOTTE, FL
Zip
33952
Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0806830
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
FERACI, GARY
1825 TAMiami TRAIL
UNIT F-1
PORT CHARLOTTE FL 33948-1047

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
2592 TAMiami TRAIL
SUITE D
City PORT CHARLOTTE FL Zip Code 33952

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], GARY L. FERACI, PRES. 3/22/01
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 NAME STREET ADDRESS CITY-ST-ZIP	P FERACI, GARY L 23190 GOLDCOAST AVE. PORT CHARLOTTE FL 33980 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS FERACI, MICHELEE W 23190 GOLDCOAST AVE. PORT CHARLOTTE FL 33980 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Michelee W. Feraci MICHELEE W. FERACI 3/22/01 (941) 624-5767
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)