

2001 UNIFORM BUSINESS REPORT (UBR)
DOCUMENT # P98000032298
1. Entity Name
MICRO COMPUTING, INCORPORATED
Principal Place of Business
**1027 N.W. 87TH AVENUE
CORAL SPRINGS FL 33071**
Mailing Address
**1027 N.W. 87TH AVENUE
CORAL SPRINGS FL 33071**
2. Principal Place of Business
3. Mailing Address
Suite, Apt. #, etc.
Suite, Apt. #, etc.
City & State
City & State
Zip
Zip
Country
4. FEI Number **15-3804886** **Applied For**
 Not Applicable
5. Certificate of Status Desired **\$8.75** **Additional Fee Required**
6. Name and Address of Current Registered Agent
**CHRISTENSEN, NEIL
1027 N.W. 87TH AVENUE
CORAL SPRINGS FL 33071**
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.
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

		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHRISTENSEN, NEIL		
STREET ADDRESS	1027 NW 5TH AVE		
CITY-ST-ZIP	CORAL SPRINGS FL		
TITLE	V	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLANC, GREG		
STREET ADDRESS	410 NE 3RD ST		
CITY-ST-ZIP	POMPANO FL		
TITLE		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
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CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	<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: *Neil Christensen*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
4/30/2001 454-796-9859
Daytime Phone #
0136711
**FILED
May 15, 2001 8:00 am
Secretary of State**
05-15-2001 90009 009 ***150.00
653743

DO NOT WRITE IN THIS SPACE
CR2E034 (10/00)