## 2000 UNIFORM BUSINESS REPORT (UBR) 5/3/( DOCUMENT # P98000034009 May 31, 2000 8:00 am Secretary of State 1. Entity Name MILTON COMPUTERS, INC. 05-03-2000 90151 011 \*\*\*150.00 Principal Place of Business Mailing Address 6375 HWY, 90 6375 HWY, 90 MILTON FL 32570 MILTON FL 32570-4521 OUTIOL 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Not Applicable Zin Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 8. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MARSHALL, JOHN Street Address (P.O. Box Number is Not Acceptable) 302 CANAL STREET MILTON FL 32570 City 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 FILE NOW!!! FEE IS \$150,00 Tax filing requirement and elects to do so. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 \$5.00 мау Ве (See criteria on back) Make Check Payable to Department of State Trust Fund Contribution. Added to Fees 11. OFFICERS AND DIRECTORS 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE D ☐ Delete TITLE ☐ Addition MARSHALL, JOHN CR2E034 (9/99 NAME NAME STREET ADDRESS 302 CANAL ST STREET ADDRESS CITY-ST-Z/P MILTON FL 32570 CITY-ST-ZIP TITLE Deleta TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SY-7IP III) E Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP ÚILE ☐ Delete THTLE ☐ Change ☐ Addition NAME HARET ADDRESS STREET ADDRESS HY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME HOSELT ADDRESS STREET ADDRESS TIY-ST-ZIP CITY-ST-ZIP HLE Oelete TITLE ☐ Change Addition MARK PEL ADDRESS STREET ADDRESS "Y-ST-ZIP CITY-ST-ZIP 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