### 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P98000035863

1. Entity Name

COMPUTER RESOURCE TECHNOLOGIES, INC.

# FILED Jan 25, 2000 8:00 am Secretary of State

01-25-2000 90085 031 \*\*\*150.00

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME NAM							01-	25-2000 90	1085 031	. ***13	»U.UU	
2. Principal Place of Business   3. Mailing Address   5. Suile, Apt. #, etc.   5. Suile, Apt. #,	Principal Place of Business Mailing Address					_						
Suite, Apt. #, etc.   Suite, Apt. #, dac.   DO NOT WRITE IN THIS SPACE  City & State   City & State   City & State   A. FEI Number   59-3505716     Applied F						]						
City & State    Country   Zip   Country   Zip   Country   S. Cartificate of Status Desired   \$8.75 Additional Fee Required	2. Principal P	Place of Business	3. Mailing Address									
Zip Country Zip Country 5, Centificate of Status Desired \$8.75 Apdillional Fee Required  6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Pee Required  MCCARTHY, MICHELE 19128 GOLDEN CACCON PL LUTZ FL 33549  City FL Zip Code  8. The above named entry submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida.  SIGNATURE  9. This corporation is eligible to satisfy its Intangible Tay Rifing requirement and elects to do so. Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE ROBINSON, ARLENE M STREET ADDRESS ON STREET A	Suite, Apt.	#, etc.	Suite, Apt. #, etc.			7		DO NOT V	VRITE IN T	HIS SPA	CE	
6. Name and Address of Current Registered Agent  MCCARTHY, MICHELE 19128 GOLDEN CACOON PL LUTZ FL 33549  City  City  FL  Zip Code  8. The above named entity submits this statement for the purpose of changing its registered effice or registered agent, or both, in the State of Florida.  SIGNATURE  Spraws byed or prival name of registered Agent and los if expitable.  NOTE Repeated Agent signalure registered agent, or both, in the State of Florida.  SIGNATURE  9. This corporation is eligible to satisfy its intengible Tax filling requirement and elects to do so.  After MAY 1, 2000 Fee will be \$550.00  Make Check Payable to Department of State  PROBINSON, ARLENE M 9128 GOLDEN CACOON PLACE UTTZ FL 33549  THE NAME PROBINSON, ARLENE M 9128 GOLDEN CACOON PLACE UTTZ FL 33549  THE NAME SIRET ADDRESS OTH -57-2P  THE NAME S	City & Stat	e	City & State			<b>4.</b> F	El Number	59-3505	716			
MCCARTHY, MICHELE 19128 GOLDEN CACOON PL LUTZ FL 33549  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  9. This corporation is eligible to satisfy its Intenglible Task filing requirement and elects to do so. (See criteria on back)  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11. PSTD	Zip	Country	Zip	Country			Certificate of	Status Desire	ed 🔲			
MCCARTHY, MICHELE 19128 GOLDEN CACOON PL LUTZ FL 33549  City  City  FL  Zip Code  6. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida.  SIGNATURE  Genuines, hipsic or presed name of registered agent and vise it applicable  To This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so.  After MAV 1, 2000 Fee will be \$550,00 Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  PSTD  ROBINSON, ARLENE M 19128 GOLDEN CACOON PLACE  LUTZ FL 33549  Delete  TITLE  MAME  STREET ADDRESS  CITY-ST-ZIP  Change  Address  Change  Change  Change  Change  Address  CITY-ST-ZIP  Change  Change		6. Name and Address of Current F	Registered Agent			7. N	lame and A	ddress of Ne	w Registe	red Age	nt	
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, hypotror presed name of registered depict and tide if applicable.   (NOTE, Regulared Agent agentlar signature required when restating)   DATE	19128 GOLDEN CACOON PL			L		s (P.O. B	ox Number	is Not Accept	able)			
SIGNATURE  Signature, typed or printed name of registered agent and total if applicable. (NOTE: Registered Agent signature required when reinstating)  9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on Dack)  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. TILE  NAME  ROBINSON, ARLENE M  19128 GOLDEN CACOON PLACE  LUTZ FL 33549  Delete  TITLE  NAME  STREET ADDRESS  CITY-ST-2IP  Delete  TITLE  NAME	L012	112 30049			City		<del></del> _			FL	Zip Code	<del></del>
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)  Tax filing requirement and elects to do so.  (See criteria on back)  Tax filing requirement and elects to do so.  (See criteria on back)  OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  MAME STREET ADDRESS CITY-ST-2IP  TITLE  NAME	8. The above	named entity submits this statement for	the purpose of changing its	registered	office or regis	tered age	ent, or both,	in the State o	f Florida.			
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TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME NAM	9. This corpo	oration is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00				1		_	_		
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CITY-ST-ZIP CITY-ST-ZIP	NAME STREET ADDRESS		☐ Delete	NAMÉ STREET	ı						Change	☐ Additic
TITLE  NAME STREET ADDRESS CITY-ST-ZIP  13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and the information supplied with the information stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information stated in Section 119.07(3)(ii), Florida Statutes.	NAME STREET ADDRESS CITY-ST-ZIP	·		NAME STREET CITY-ST	T-ZIP							☐ Additic

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 it changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Antene M. Robinson

813 926-1538 813 342-1015

Daytime Phone #