

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91516 042 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P98000038757					
1. Entity Name COMPUSPEX TECHNOLOGIES, INC.					
Principal Place of Business 2465 NW 33RD STREET #1515 OAKLAND PARK, FL 33309			Mailing Address 2465 NW 33RD STREET #1515 OAKLAND PARK, FL 33309		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0834816	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SHARP, SCOTT F 2465 NW 33RD STREET #1515 OAKLAND PARK, FL 33309				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE: _____ DATE: _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)					
FILE NOW WITH FEE IS \$160.00 After May 1, 2003 Fee will be \$550.00 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	D	☐ Delete			
NAME	SHARP, SCOTT F				
STREET ADDRESS	2465 NW 33RD STREET #1515				
CITY-ST-ZIP	OAKLAND PARK, FL 33309				
TITLE		☐ Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
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NAME					
STREET ADDRESS					
CITY-ST-ZIP					
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: <i>Scott Sharp</i>				4-26-03 954-714-8280	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	

10089959



☐ CHECK HERE IF MAKING CHANGES

CR2034 (10/02)