

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000044626**

1. Entity Name

COMPUTERAGE OF LEE COUNTY, INC.**FILED****Jan 29, 2000 8:00 am**
Secretary of State

01-29-2000 90018 047 ***150.00

Principal Place of Business	Mailing Address
11621-1 CLEVELAND AVE FT MYERS FL 33907	5019 S.W. 9TH PLACE CAPE CORAL FL 33914-7396

2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0811937**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****ZELLER, CARL W**
5019 S.W. 9TH PLACE
CAPE CORAL FL 33914

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> Delete
NAME	ZELLER, CARL W	
STREET ADDRESS	5019 S.W. 9TH PLACE	
CITY-ST-ZIP	CAPE CORAL FL 33914	

TITLE	VD	<input type="checkbox"/> Delete
NAME	BRYANT, SHANNON	
STREET ADDRESS	1415 WELLINGTON	
CITY-ST-ZIP	CAPE CORAL FL 33904	

TITLE	SD	<input type="checkbox"/> Delete
NAME	CLAREY, KEVIN	
STREET ADDRESS	3601 SURFSIDE BLVD	
CITY-ST-ZIP	CAPE CORAL FL 33914	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<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:**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

01/24/00

Date

941-279-3200

Daytime Phone #