

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90030 023 ***158.75

DOCUMENT # P98000065490

1. Entity Name

A-PLUS COMPUTER TECHNOLOGIES, INC.

Principal Place of Business

Mailing Address

5680 NOBIS CIR.
 HOMOSASSA FL 34448

5006 E. COLONIAL DR. SUITE 370
 TAMPA FL 33611-3760

2. Principal Place of Business

3. Mailing Address

5008 W. COLONIAL DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 16

City & State

City & State

TAMPA, FL

4. FEI Number

59-3524119

Applied For

Not Applicable

Zip

Country

Zip

Country

33611

USA

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

DOWNEY, PAUL M
 5680 NOBIS CIR.
 HOMOSASSA FL 34448

Name **BRADLEY D. HOWERTER**

Street Address (P.O. Box Number is Not Acceptable)

5008 W. COLONIAL DR. SUITE 16

City **TAMPA**

FL

Zip Code

33611

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

Bradley D. Howerter

BRADLEY D. HOWERTER, VP 04/24/00

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 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 | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|---------------------|----------------------------|---------------------------|---------------------------------|
| P | DOWNEY, PAUL M | 5680 NOBIS CIR. | HOMOSASSA FL 34448 | <input type="checkbox"/> |
| VP | HOWERTER, BRADLEY D | 5006 E COLONIAL DR STE 700 | TAMPA FL 33611 | <input type="checkbox"/> |
| VP | MCGUIRE, CRAIG A | 10402 3RD ST N APT A | SAINT PETERSBURG FL 33716 | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

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

5008 W COLONIAL DR. STE 16
 TAMPA, FL 33611

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:

Bradley D. Howerter, VP **BRADLEY D. HOWERTER** 04/24/00 813-760-1263

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)