

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000091802

1. Entity Name

COMPUTER PLANET, INC.

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90035 047 ***158.75

Principal Place of Business

Mailing Address

10154 U.S. HWY. 19
PORT RICHEY FL 34668

10154 U.S. HWY. 19
PORT RICHEY FL 34668-3743

2. Principal Place of Business

10136 U.S. HWY 19

Suite, Apt. #, etc.

3. Mailing Address

10136 U.S. HWY 19

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
PORT RICHEY, FL

Zip
34668

Country
U.S.A.

City & State
PORT RICHEY, FL

Zip
34668

Country
U.S.A.

4. FEI Number 59-3544323

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MITCHELL, DANIEL J
10136 US HWY 19
PORT RICHEY FL 34668

7. Name and Address of New Registered Agent

Name NESCI, PETER J.

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

10136 U.S. HWY 19

City PORT RICHEY

FL

Zip Code 34668

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]

Peter J. Nesci President

011200

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NESCI, PETER 10136 US HWY 19 PORT RICHEY FL 34668	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NESCI, PETER 10136 US HWY 19 PORT RICHEY, FL 34668	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

011200

Date

727.819.1700

Daytime Phone #

CR2E034 (9/99)