## **2002 UNIFORM BUSINESS REPORT (UBR)**

## Apr 23, 2002 8:00 am Secretary of State DOCUMENT # P98000101776 1. Entity Name 04-23-2002 90369 022 \*\*\*150 00 COMPUTER CONFIDENCE, INC. Principal Place of Business Mailing Address 472 NORTH SHORE DRIVE 472 NORTH SHORE DRIVE SARASOTA FL 34234 SARASOTA FL 34234 2. Principal Place of Business 3. Mailing Address 3411 Jaffa ЬO Box 321*5*0 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0882488 Socrasota Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired USA USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KERN, LAURA J Street Addres **472 NORTH SHORE DRIVE** SARASOTA FL 34234 City 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. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees √See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change CR2E034 (9/01) ☐ Addition NAME KERN, LAURA NAME Jaffa Drive STREET ADDRESS 472 N. SHORE DR STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34234 CITY-ST-ZIP <u>Sourasota, FL 34239</u> ☐ Delete TITLE Change ☐ Addition NAME KERN, LAURA NAME STREET ADDRESS 472 N. SHORE DR STREET ADDRESS 3411 Jaffa Drive CITY-ST-ZIP SARASOTA FL 34234 CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change 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.

CITY-ST-7/P

STREET ADDRESS

NAME

NAME

STREET ADDRESS

CITY-ST-ZIP

President 4/1/02

FILED