

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 24, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P98000102063**1. Entity Name  
A.A.A.R.K. COMPUTERS, INC.

|  |   |
|--|---|
| Principal Place of Business<br>320 KINGS RD<br><br>CALLAHAN FL 32011 | Mailing Address<br>3330 LANNIE RD.<br><br>JACKSONVILLE FL 32218 |
|--|---|

|   |   |
|---|---|
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc. | 3. Mailing Address<br>2015 LEM TURNER ROAD<br><br>Suite, Apt. #, etc. |
|---|---|

DO NOT WRITE IN THIS SPACE

|                             |                                    |  |
|-----------------------------|------------------------------------|--|
| City & State<br>CALLAHAN FL | 4. FEI Number<br><b>59-3546471</b> | Applied For<br><input type="checkbox"/> Not Applicable                                   |
| Zip<br>32011                | Country                            | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |

**6. Name and Address of Current Registered Agent**

HUNT LISA ANN  
3330 LANNIE RD.  
  
JACKSONVILLE FL 32218

**7. Name and Address of New Registered Agent**

Name  
FRAN'S TAX SERVICE INC  
Street Address (P.O. Box Number is Not Acceptable)  
2015 LEM TURNER ROAD  
  
City  
CALLAHAN FL Zip Code  
32011

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 **FRANCES M. CAUDLE****04/24/2001**

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, 2001 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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>HUNT LISA ANN<br>3330 LANNIE RD<br>JACKSONVILLE FL 32218 | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

|  |  |  |
|--|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>HUNT LISA ANN PRES<br>3330 LANNIE RD<br>JACKSONVILLE FL 32218 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>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: LISA ANN HUNT****PRES****04/24/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)