

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 19, 2001 8:00 am**  
**Secretary of State**

05-19-2001 90277 043 \*\*\*150.00

DOCUMENT # **P99000000227**

1. Entity Name

**After Hours Computing, Inc**

Principal Place of Business

Mailing Address

768408

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**1859 Constitution Ave**

3. Mailing Address

**1859 Constitution Ave**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Navarre, FL**

City & State

**Navarre, FL**

Zip

**32566**

Country

**USA**

Zip

**32566**

Country

**USA**

4. FEI Number

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

**Carroll S. Levison**  
**1828 Sundown Dr**  
**Navarre, FL 32566**

Name

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

City

**FL**

Zip Code

8. This 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 **Carroll S. Levison**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**1 May 01**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PVT**  
NAME **Carroll S. Levison**  
STREET ADDRESS **1828 Sundown Dr**  
CITY-ST-ZIP **Navarre, FL 32566**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

☐ Change

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CITY-ST-ZIP

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☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ 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)(l), 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: **Carroll S. Levison**

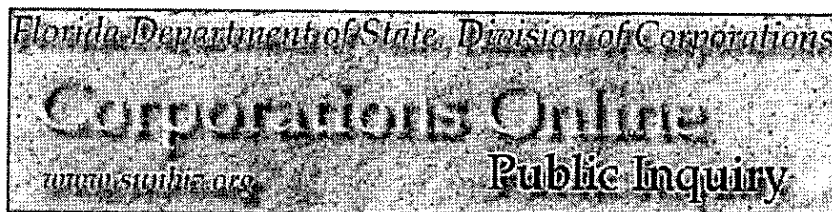
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**850-939-2580**

Daytime Phone #

CR2E034 (1/1/00)

Attachment  
#P99000000227  
768408



## Florida Profit

### AFTER HOURS COMPUTING, INC.

#### PRINCIPAL ADDRESS

6904 NAVARRE PARKWAY  
SUITE C  
NAVARRE FL 32566

1859

#### MAILING ADDRESS

6904 NAVARRE PARKWAY  
SUITE C  
NAVARRE FL 32566

Document Number  
P99000000227

FEI Number  
593550392

Date Filed  
01/04/1999

State  
FL

Status  
ACTIVE

Effective Date  
NONE

## Registered Agent

Name & Address
LEVISON, CARROLL S 1828 SUNDOWN DRIVE GULF BREEZE FL 32566
Name Changed: 05/22/2000
Address Changed: 05/22/2000

## Officer/Director Detail

Name & Address	Title
LEVISON, CAROLL S 1828 SUNDOWN DRIVE NAVARRE FL 32566	PVTS

## Annual Reports

Report Year	Filed Date	Intangible Tax
2000	05/22/2000	