

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000002591

1. Entity Name
COMPUTER DOCTOR OF TAMPA BAY, INC.

Principal Place of Business
~~847 SYMPHONY ISLES BLVD.~~
~~APOLLO BEACH FL 33572-2714~~

Mailing Address
847 SYMPHONY ISLES BLVD.
APOLLO BEACH FL 33572-2714

2. Principal Place of Business
406 ISLAND CAY WAY

3. Mailing Address
406 ISLAND CAY WAY

Suite, Apt. #, etc.

City & State
APOLLO BEACH, FL

Zip
33572-2658

Country
USA

4. FEI Number 65-0888932

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LYNCH, ALLEN S
~~847 SYMPHONY ISLES BLVD.~~
~~APOLLO BEACH FL 33572-2714~~

7. Name and Address of New Registered Agent

Name
LYNCH, ALLEN S.

Street Address (P.O. Box Number is Not Acceptable)
406 ISLAND CAY WAY

City
APOLLO BEACH FL Zip Code 33572-2658

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 Allen S. LYNCH, Pres. Allen S. Lynch 8/23/2001

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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
D LYNCH, ALLEN S ☐ Delete
STREET ADDRESS
847 SYMPHONY ISLES BLVD
CITY-ST-ZIP
APOLLO BEACH FL 33572-2714

TITLE
NAME
D LYNCH, MARY ANN ☐ Delete
STREET ADDRESS
847 SYMPHONY ISLES BLVD
CITY-ST-ZIP
APOLLO BEACH FL 33572-2714

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
406 ISLAND CAY WAY ☒ Change ☐ Addition
STREET ADDRESS
APOLLO BEACH, FL 33572-2658
CITY-ST-ZIP

TITLE
NAME
406 ISLAND CAY WAY ☒ Change ☐ Addition
STREET ADDRESS
APOLLO BEACH, FL 33572-2658
CITY-ST-ZIP

TITLE
NAME
☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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: Allen S. LYNCH 8/23/2001 813-641-9851

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
Aug 31, 2001 8:00 am
Secretary of State
08-31-2001 90238 031 ***550.00



DO NOT WRITE IN THIS SPACE

0120398 AT

CR2E034 (5/01)