

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90063 046 ***150.00

DOCUMENT # P99000010670

1. Entity Name
MICRIS COMPUTER SERVICES, INC.

Principal Place of Business

**6240 39TH STREET N
SUITE F
PINELLAS PARK FL 33781**

Mailing Address

**6240 39TH STREET N
SUITE F
PINELLAS PARK FL 33781**

2. Principal Place of Business

**6281-39TH ST. N
SUITE C**

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
PINELLAS PARK, FL

City & State

4. FEI Number **59-3554554**

Applied For

Not Applicable

Zip
33781

Country
USA

Zip

Country

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

**WYCKOFF, MARK
6240 39TH STREET N
SUITE F
PINELLAS PARK FL 33781**

Name

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

City

FL

Zip Code

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **WYCKOFF, MARK**
STREET ADDRESS **6447 19TH STREET N**
CITY-ST-ZIP **ST. PETERSBURG FL 33702**

TITLE ☒ Change ☐ Addition
NAME **WYCKOFF, MARK**
STREET ADDRESS **12506 MAVERICK CT.**
CITY-ST-ZIP **TAMPA, FL 33626**

TITLE **D** ☐ Delete
NAME **KOCHER, MIKE**
STREET ADDRESS **6178 40TH AVENUE N**
CITY-ST-ZIP **ST. PETERSBURG FL 33709**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

MIKE KOCHER

1/29/01

7275223200

CR2E034 (10/00)