

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000021772

1. Entity Name

COMPUTER COMPONENTS INTERNATIONAL, INC.

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**FILED**  
**Aug 15, 2000 8:00 am**  
**Secretary of State**

08-15-2000 90014 003 \*\*\*150.00

Principal Place of Business

1661 NORTH COPELAND DRIVE  
MARCO ISLAND FL 34145

Mailing Address

1661 NORTH COPELAND DRIVE  
MARCO ISLAND FL 34145

2. Principal Place of Business

4084 ARNOLD AVE

Suite, Apt. #, etc.

UNIT #1

City & State

NAPLES FL

Zip

34104

Country

US

3. Mailing Address

4084 ARNOLD AVE

Suite, Apt. #, etc.

UNIT #1

City & State

NAPLES FL

Zip

34104

Country

FL

4. FEI Number

65-0924275

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ABRUZZO, LUDWIG J  
5425 PARK CENTRAL COURT  
NAPLES FL 34109

7. Name and Address of New Registered Agent

Name

MICHAEL TREMONT

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

1661 NORTH COPELAND DRIVE

City

MARCO ISLAND

FL

Zip Code

34145

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

8-10-2000

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 13, 2000 Min. 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  
STREET ADDRESS  
CITY-ST-ZIP  
PRESIDENT  
MICHAEL TREMONT  
1661 N COPELAND DR.  
MARCO ISLAND FL 34145

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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☐ 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8-10-2000 941-261-5060

CR2E034 (5/00)

Attachment # p9900w21722 DW79148

**C**OMPUTER  
**C**OMPONENT  
**I**NTERNATIONAL

4084 Arnold Ave #1  
Naples, FL. 34104  
Phone: 941-261-5060  
Fax: 941-261-7760  
Email: cci@naples.net

**Division Of Corporations  
Uniform Business Report  
P.O. Box 1500  
Tallahassee, FL. 32302-1500**

**Subject: 2000 (UBR)**

**I did not receive the UBR form first notice I  
Received your second notice three weeks ago  
Since I did not receive the first notice I am requesting  
The \$400 dollar penalty be waved.**

**Sincerely,  
Michael Tremont  
President  
4084 Arnold Ave #1  
Naples, FL. 34104  
Phone: 941-261-5060  
Fax: 941-261-7760  
Email: cci@naples.net**