2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P99000021772 Aug 15, 2000 8:00 am Secretary of State 1. Entity Name COMPUTER COMPONENTS INTERNATIONAL, INC. 08-15-2000 90014 003 ***150.00 Principal Place of Business Mailing Address 1661 NORTH COPELAND DRIVE 1661 NORTH COPELAND DRIVE MARCO ISLAND FL 34145 MARCO ISLAND FL 34145 DDD (STEA 3. Mailing Address 2. Principal Place of Business 4084 ARNOLD AVE ARNOLD AVE DO NOT WRITE IN THIS SPACE UNT City & State Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MICHAEL TREMONT ABRUZZO, LUDWIG J Street Address (P.O. Box Number is Not Acceptable) 5425 PARK CENTRAL COURT NAPLES FL 34109 1661 NORTH COPELAND DRIVE e purpose **f**ichanging its registered office or registered agent, or both, in the State of Florida. 8. The above named entity submits this statement for 8-10-2000 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PRESIDENT TITLE TITLE ☐ Addition ☐ Change ☐ Delete MICHAEL TREMONT NAME NAME 1661 N COPELAND DR. STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP MARCO ISLAND TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Detete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

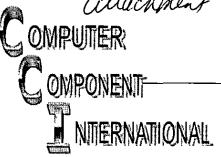
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same 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 a other like empowered.

SIGNATURE:

IGNATURE AND TYPED ON PRINTED PLANE OF SIGNING OFFICER AND PRINTED

8-10-2000 941-261-5060

OTTACHMENT # P9900WZ177Z DW79148
OMPUTER



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