

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000027592

1. Entity Name

PETERBYLT COMPUTERS, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90160 034 ***158.75

Principal Place of Business

Mailing Address

P.O. BOX 5869
 SUN CITY CENTER FL 33571

P.O. BOX 5869
 SUN CITY CENTER FL 33571-5869

2. Principal Place of Business

6804 SOUTH HIMES AVE

3. Mailing Address

6804 SOUTH HIMES AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA FLORIDA

City & State

TAMPA FLORIDA

4. FEI Number

59-3566646

Applied For

Not Applicable

Zip

Country

33611

U.S.A.

Zip

Country

33611

U.S.A.

5. Certificate of Status Desired

X

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PLYE, TERRENCE F
 707 DEL WEBB BLVD., WEST
 SUN CITY CENTER FL 33571

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, 2000 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

TITLE D ☒ Delete

NAME PLYE, TERRENCE F

STREET ADDRESS P.O. BOX 5869

CITY-ST-ZIP SUN CITY CENTER FL 33571

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P/S/T/D ☐ Change ☒ Addition

NAME FLYNN, PETER K.

STREET ADDRESS 6804 SOUTH HIMES AVENUE

CITY-ST-ZIP TAMPA FLORIDA 33611

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

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: Peter K Flynn 4-27-00 813-837-8130
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)