

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000031790**

1. Entity Name

GUARANTEED COMPUTERS 4 EVERYONE, INC.

✓

FILED
Sep 12, 2000 8:00 am
Secretary of State

09-12-2000 90236 034 ***550.00

Principal Place of Business

1791 BLOUNT RD., #610
POMPANO BEACH FL 33069

Mailing Address

1791 BLOUNT RD., #610
POMPANO BEACH FL 33069

2. Principal Place of Business

726 NW 18th St.

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 101027

Suite, Apt. #, etc.

City & State

Fort Lauderdale, FL

City & State

Fort Lauderdale, FL

4. FEI Number

65-0906694

Applied For

Not Applicable

Zip
33311Country
USAZip
33310Country
USA5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

RUDOCK, ROBERT J II
1791 BLOUNT RD., #610
POMPANO BEACH FL 33069

7. Name and Address of New Registered Agent

Name Robert J. Rudock II

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

726 NW 18th St.

City Fort Lauderdale

FL

Zip Code
33311

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

9/5/00

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME RUDOCK, ROBERT J II
STREET ADDRESS 1791 BLOUNT RD., #610
CITY-ST-ZIP POMPANO BEACH FL 33069TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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 #

CR2E034 (5/00)