

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000036147

1. Entity Name

COMPUTER TECH-KNOWLEDGY SOLUTIONS OF CENTRAL FLO

Principal Place of Business

4910 52ND STREET NORTH  
ST. PETERSBURG FL 33709

Mailing Address

4910 52ND STREET NORTH  
ST. PETERSBURG FL 33709

2. Principal Place of Business

15950 BAY VISTA DRIVE

Suite, Apt. #, etc.

SUITE 370 CLEARWATER

City & State

CLEARWATER FLORIDA

Zip

33760

Country

USA

3. Mailing Address

15950 BAY VISTA DRIVE

Suite, Apt. #, etc.

SUITE 370

City & State

CLEARWATER FLORIDA

Zip

33760

Country

USA

6. Name and Address of Current Registered Agent

FORLIZZO, ROBERT A  
13577 FEATHER SOUND DR  
SUITE 300  
CLEARWATER FL 33762

7. Name and Address of New Registered Agent

Name

NO CHANGE

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

2903 RIGSBY LANE

City

SAFETY HARBOR

FL

Zip Code

34695

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 \$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: PRESIDENT & DIRECTOR  
NAME: RICHARD W. VOLLRATH  
STREET ADDRESS: 5219 LOWELL ROAD  
CITY-ST-ZIP: TAMPA FLA 33624

TITLE: V. PRES. TREAS. & DIRECTOR  
NAME: TRACY M. FOX  
STREET ADDRESS: 4910 52ND ST N  
CITY-ST-ZIP: ST PETERS FLA 33709

TITLE: SECRETARY  
NAME: CHARLIS A. VOLLRATH  
STREET ADDRESS: 5217 LOWELL ROAD  
CITY-ST-ZIP: TAMPA FLORIDA 33624

TITLE: DIRECTOR  
NAME: RICHARD FOX  
STREET ADDRESS: 4910 52ND ST N  
CITY-ST-ZIP: ST PETERS FLA 33709

TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY-ST-ZIP: ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Addition

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

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

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TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-ST-ZIP: ☐ 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 all other like empowered.

SIGNATURE:

RICHARD W. VOLLRATH DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/12/2000 7275351555

Date

Daytime Phone #

FILED

Sep 15, 2000 8:00 am  
Secretary of State

09-15-2000 90009 046 \*\*\*550.00

A0078105



DO NOT WRITE IN THIS SPACE

CR2E034 (5/00)