

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000036147

1. Entity Name
COMPUTER TECH-KNOWLEDGY SOLUTIONS OF CENTRAL FLO

Principal Place of Business
15950 BAY VISTA DRIVE
SUITE 370
CLEARWATER FL 33760

Mailing Address
15950 BAY VISTA DRIVE
SUITE 370
CLEARWATER FL 33760

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3570465

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FORLIZZO, ROBERT A
2903 RIGSBY LANE
SAFETY HARBOR FL 34695

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, 2001 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	PD	<input type="checkbox"/> Delete
NAME	VOLLRATH, RICHARD W	
STREET ADDRESS	5219 LOWELL ROAD	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	VPTD	<input type="checkbox"/> Delete
NAME	FOX, TRACEY M	
STREET ADDRESS	4910 52ND SE NORTH	
CITY-ST-ZIP	SAINT PETERSBURG FL 33709	
TITLE	SD	<input type="checkbox"/> Delete
NAME	VOLLRATH, CHARLES A	
STREET ADDRESS	5217 LOWELL ROAD	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	D	<input type="checkbox"/> Delete
NAME	FOX, RICHARD	
STREET ADDRESS	4910 52ND STREET NORTH	
CITY-ST-ZIP	SAINT PETERSBURG FL 33709	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOX, TRACEY M.	
STREET ADDRESS	4910 52ND STREET NORTH	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33709	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Richard K Fox* RICHARD K FOX Director 1/8/2001 727 5281560

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
Jan 19, 2001 8:00 am
Secretary of State

01-19-2001 90093 010 ***150.00

900241



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)