

2000 UNIFORM BUSINESS REPORT (UBR)DOCUMENT # **P99000037719**

Entity Name

ALTERNATIVE COMPUTING, INC.**FILED**
Jun 08, 2000 8:00 am
Secretary of State

06-08-2000 90028 043 ***158.75

Principal Place of Business

Mailing Address

HULL RD.
FL 34711**12136 HULL RD.**
CLERMONT FL 34711-9361

Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

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

MCCANDLESS, SCOTT W
12136 HULL RD.
CLERMONT FL 34711

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change	☐ Addition
PD	MCCANDLESS, SCOTT W	12136 HULL RD.	CLERMONT FL 34711	☐ Delete						
VD	MCCANDLESS, CINDY M	12136 HULL RD.	CLERMONT FL 34711	☐ Delete	STVD				☒ Change	☐ Addition
STD	CUEVAS, CARLOS J	2429 SHELBY CIR.	KISSIMEE FL 34743	☒ Delete					☐ Change	☐ Addition
				☐ Delete					☐ Change	☐ Addition
				☐ Delete					☐ Change	☐ Addition
				☐ Delete					☐ Change	☐ Addition
				☐ Delete					☐ Change	☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for an 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 list of like amendments.

Scott McCandless

4/29/00

2000 UNIFORM BUSINESS REPORT (UBR)

05266881

DOCUMENT # P99000037719

1. Entity Name

ALTERNATIVE COMPUTING, INC.

Principal Place of Business

12136 HULL RD.
CLERMONT FL 34711

Mailing Address

12136 HULL RD.
CLERMONT FL 34711-9361

Attachment
00100150

2. Principal Place of Business

735 Almond St.
Suite, Apt. #, etc.
Suite E.

3. Mailing Address

735 Almond St.
Suite, Apt. #, etc.
E

DO NOT WRITE IN THIS SPACE

City & State

Clermont, FL 34711
Zip 34711 Country US.

City & State

Clermont, FL
Zip 34711 Country US.

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCCANDLESS, SCOTT W
12136 HULL RD.
CLERMONT FL 34711

7. Name and Address of New Registered Agent

Name

MCCANDLESS, SCOTT W

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

12136 Hull Rd.

City

Clermont

FL

Zip Code

34711

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

Armin Romero STD

(NOTE: Registered Agent signature required when reinstating)

01-06-00

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
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Make Check Payable to Department of State

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Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MCCANDLESS, CINDY M 12136 HULL RD. CLERMONT FL 34711	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CUEVAS, CARLOS J 2429 SHELBY CIR. KISSIMMEE FL 34743	☒ Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Armin Romero 5411 Lonesome Dore Dr Kissimmee FL 34746	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01-06-00 (407) 797-3723

CR034 (9/99)