

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000057610

1. Entity Name
COMPUTYPE, INC.

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91303 040 ***150.00

Principal Place of Business

**3075 HARLOCK ROAD
MELBOURNE FL 32934**

Mailing Address

**3075 HARLOCK ROAD
MELBOURNE FL 32934**

657460

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3583530**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**TIPTON, SHARON
3075 HARLOCK ROAD
MELBOURNE FL 32934**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **TIPTON, SHARON**
STREET ADDRESS **3075 HARLOCK ROAD**
CITY-ST-ZIP **MELBOURNE FL 32934**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 (10/00)

CompuType, Inc.
3075 Harlock Road
Melbourne, FL 32934

attachment

1657460

P99000057610

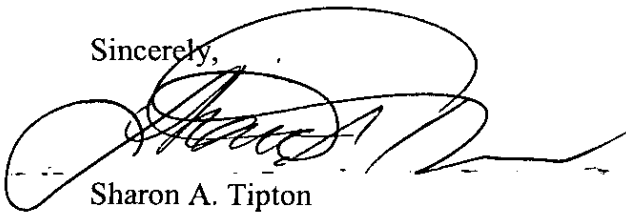
May 7, 2001

Division of Corporations
Uniform Business Report Filings
PO Box 1500
Tallahassee, FL 32302-1500

To Whom It May Concern:

I would like to ask that you accept this check for \$150.00 for my renewal. The week of April 23rd my mother in law had a heart attack and I was the one that had to take her to the doctor and then to the hospital and stay with her because my husband was out of town. During this time my business was put on hold and I am just now getting back to it. I noticed that this was to be filed by May 1st. I would ask that you would take into consideration my circumstances and still renew my name for the \$150.00 free. I thank you for your consideration. If you have any questions, please feel free to call me.

Sincerely,



Sharon A. Tipton
CompuType, Inc.