

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90293 038 ***150.00

DOCUMENT # P99000066090

1. Entity Name
COMPUTER TECHNIQUES CORPORATION

Principal Place of Business

Mailing Address

280 S SR 434 STE 2041
ALTAMONTE SPRINGS FL 32714

280 S SR 434 STE 2041
ALTAMONTE SPRINGS FL 32714

2. Principal Place of Business

3. Mailing Address

465 West Warren Ave
Suite, Apt. #, etc.

465 West Warren Ave
Suite, Apt. #, etc.

City & State

City & State

Longwood FL

Longwood FL

Zip

Country

Zip

Country

32750

USA

32750

USA

4. FEI Number 59-3616788

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

GOLDER, GEORGE A
315 E ROBINSON ST STE 600
ORLANDO FL 32801

Name: William R Lowman, JR
Street Address (P.O. Box Number is Not Acceptable):
315 EAST ROBINSON ST.
Suite 600
City: ORLANDO FL Zip Code: 32801

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 William R. Lowman, JR

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
NAME SOFARELLI, JOHN R SR
STREET ADDRESS 280 S SR 434 STE 2041
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714 ☐ Delete

TITLE PRES, Sec, TREAS, DIR ☒ Change ☐ Addition
NAME
STREET ADDRESS 465 West Warren Ave
CITY-ST-ZIP Longwood, FL 32750

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

John R Sofarelli, SR 4.10.01 407 862 6966 #210

CR2E034 (10/00)