

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 14, 2001 08:00 AM
Secretary of State

DOCUMENT # P99000078970

1. Entity Name
COMPUTER PARTS & UPGRADE SOLUTIONS, INC.

Principal Place of Business 2871 N. HUNTINGTON DR. LARGO FL 33771	Mailing Address 2871 N. HUNTINGTON DR. LARGO FL 33771
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2. Principal Place of Business 1445 FAIRFIELD DRIVE Suite, Apt. #, etc.	3. Mailing Address 1445 FAIRFIELD DRIVE Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State CLEARWATER FL	City & State CLEARWATER FL	4. FEI Number 59-3597859	Applied For <input type="checkbox"/>
Zip 33764	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SHEPLAK JASON
 2871 N. HUNTINGTON DR.

 LARGO FL 33771

7. Name and Address of New Registered Agent

Name
 SHEPLAK JASON
 Street Address (P.O. Box Number is Not Acceptable)
 1445 FAIRFIELD DRIVE

 City CLEARWATER FL Zip Code 33764

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 _____ DATE **01/14/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	P SHEPLAK JASON 2871 N. HUNTINGTON DR. LARGO FL 33771 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHEPLAK JASON 1445 FAIRFIELD DRIVE CLEARWATER FL 33764 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Jason Sheplak P 01/14/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/1/00)