

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000092047

1. Entity Name

SOUTHERN COMPUTER TECHNOLOGIES GCR, INC.

FILED
May 31, 2000 8:00 am
Secretary of State

05-09-2000 90020 024 ***150.00

Principal Place of Business Mailing Address
1939 NORTHGATE BLVD. 1939 NORTHGATE BLVD.
SARASOTA FL 34234 SARASOTA FL 34234-2143

1939 Northgate Southern Computer
2. Principal Place of Business 3. Mailing Address
1939 Northgate

Suite, Apt. #, etc. Suite, Apt. #, etc.
Sarasota, FL Blvd.

City & State City & State
Sarasota, FL

Zip Country Zip Country
34234 Sarasota 34234 Sarasota



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

RALSTON, CHERIE
1939 NORTHGATE BLVD.
SARASOTA FL 34234

7. Name and Address of New Registered Agent

Name N/A
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 State

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

11. OFFICERS AND DIRECTORS

TITLE	President	<input type="checkbox"/> Delete
NAME	Cherie Ralston	
STREET ADDRESS	6503 MOURNING DOVE DR.	
CITY-ST-ZIP	BRADENTON, FL 34212	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	N/A	
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		
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)(f), 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: Cherie Ralston Cherie Ralston 4/26/00 941 355-3686
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2034 (9/99)