

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 27, 2000 08:00 AM****Secretary of State****DOCUMENT # P99000095108****1. Entity Name**

COMPUTERS ON THE RUN, INC.

Principal Place of Business

152 SW 47TH TERR., #5

CAPE CORAL
33914

FL

Mailing Address

152 SW 47TH TERR., #5

CAPE CORAL
33914

FL

2. Principal Place of Business

5316 S.E. MAYFAIR CT.

3. Mailing Address

5316 S.E. MAYFAIR CT.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

CAPE CORAL

FL

City & State

CAPE CORAL

FL

4. FEI Number**65-0964165****Applied For**☐ Not ApplicableZip
33904

Country

Zip
33904

Country

5. Certificate of Status Desired☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent**

FLORIDA INCORPORATORS, INC.

152 SW 47TH TERR., #5

CAPE CORAL
33914

FL

7. Name and Address of New Registered Agent**Name**

FLORIDA INCORPORATORS, INC.

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

5316 S.E. MAYFAIR CT.

City

CAPE CORAL

FL**Zip Code**
33904**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)

04/27/2000

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	D	NAME	STREET ADDRESS	CITY-ST-ZIP	FL	33914	<input type="checkbox"/> Delete
		GOODMAN MICHELLE	152 SW 47TH TERR., #5	CAPE CORAL	FL	33914	<input type="checkbox"/> Delete

TITLE	D	NAME	STREET ADDRESS	CITY-ST-ZIP	FL	33914	<input type="checkbox"/> Delete
		GOODMAN MICHAEL L	152 SW 47TH TERR., #5	CAPE CORAL	FL	33914	<input type="checkbox"/> Delete

TITLE	D	NAME	STREET ADDRESS	CITY-ST-ZIP	FL	33914	<input type="checkbox"/> Delete
							<input type="checkbox"/> Delete

TITLE	D	NAME	STREET ADDRESS	CITY-ST-ZIP	FL	33914	<input type="checkbox"/> Delete
							<input type="checkbox"/> Delete

TITLE	D	NAME	STREET ADDRESS	CITY-ST-ZIP	FL	33914	<input type="checkbox"/> Delete
							<input type="checkbox"/> Delete

TITLE	D	NAME	STREET ADDRESS	CITY-ST-ZIP	FL	33914	<input type="checkbox"/> Delete
							<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	NAME	STREET ADDRESS	CITY-ST-ZIP	FL	33904	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		GOODMAN MICHELLE	5316 S.E. MAYFAIR CT.	CAPE CORAL	FL	33904	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	D	NAME	STREET ADDRESS	CITY-ST-ZIP	FL	33904	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		GOODMAN MICHAEL L	5316 S.E. MAYFAIR CT.	CAPE CORAL	FL	33904	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	D	NAME	STREET ADDRESS	CITY-ST-ZIP	FL	33904	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
							<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	D	NAME	STREET ADDRESS	CITY-ST-ZIP	FL	33904	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
							<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	D	NAME	STREET ADDRESS	CITY-ST-ZIP	FL	33904	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
							<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	D	NAME	STREET ADDRESS	CITY-ST-ZIP	FL	33904	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
							<input type="checkbox"/> Change	<input type="checkbox"/> 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:** Michael L. Goodman**Date:** 04/27/2000