

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000095417

1. Entity Name

ORLANDO COMPUTERS ONLINE, INC.

FILED

May 17, 2000 8:00 am
Secretary of State

05-17-2000 90859 031 ***150.00

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DO NOT WRITE IN THIS SPACE

Principal Place of Business 2916 OXFOED STREET SUITE 100 ORLANDO FL 32803-6821	Mailing Address 2916 OXFOED STREET SUITE 100 ORLANDO FL 32803
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2. Principal Place of Business 2916 OXFORD STREET Suite, Apt. #, etc. SUITE 100 City & State ORLANDO FL Zip 32803-6821	3. Mailing Address 2916 OXFORD STREET Suite, Apt. #, etc. SUITE 100 City & State ORLANDO FL Zip 32803-6821
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4. FEI Number 59-3607087	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent DYER, DAVID A 2916 OXFOED STREET SUITE 100 ORLANDO FL 32803-6821
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7. Name and Address of New Registered Agent Name DYER, DAVID A Street Address (P.O. Box Number is Not Acceptable) 2916 OXFORD STREET SUITE 100 City ORLANDO FL Zip Code 32803

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 <u>David A. Dyer</u> DAVID A. DYER 4/29/2000 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>
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9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: <u>David A. Dyer</u> DAVID A. DYER 4/29/2000 407-898-3473 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>	

CR2E034 (9/99)