## 2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 08, 2000 8:00 am Secretary of State DOCUMENT # P99000102182 COMPUFUND, INC. 03-08-2000 90029 023 \*\*\*150.00 Mailing Address Principal Place of Business 650 NE 52 STREET NE 52 STREET и́GHT NOUSE POINT FL 33064-7052 ighthousig point/fl 33064-7052 2. Principal Place of Business 3. Mailing Address 560 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. re ن 5 2 Applied For 4. FEI Number City & State Not Applicable \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 3441 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) WILLIAMS, STEPHEN G **2650 NE 52 STREET** LIGHTHOUSE POINT FL 33064-7052 Zip Code 3344 he purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. ☐ Addition ☐ Change **PSTD** TITLE ☐ Delete TITLE NAME GARLOW, WILLIAM NAME STREET ADDRESS STREET ADDRESS 560 SE 2 AVE #23 CITY-ST-ZIP CITY-ST-ZIP **DEERFIELD BEACH FL 33441** Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS 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)(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 a other like empowered. William GATION Pres X