

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000107057

1. Entity Name

COMPUKLINE, INCORPORATED

RECEIVED

FEB 18 2000

SUNCOAST ACCOUNTING SERVICES

FILED
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90181 025 ***150.00

Principal Place of Business

5818 92 TERRACE NORTH
PINELLAS PARK FL 33782

Mailing Address

5818 92 TERRACE NORTH
PINELLAS PARK FL 33782

2. Principal Place of Business

30 GOLF TERRACE DR

3. Mailing Address

30 GOLF TERRACE DR

Suite, Apt. #, etc.

#107

Suite, Apt. #, etc.

#107

City & State

WINTER SPRINGS, FL

City & State

WINTER SPRINGS, FL

Zip

32708

Country

USA

Zip

32708

Country

USA

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CARCOPA, JACK III
5116 N ARMENIA AVE
TAMPA FL 33603-1406

7. Name and Address of New Registered Agent

Name

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 PD
NAME KELLY, JOSEPH L
STREET ADDRESS 6821 ONYX DRIVE
CITY-ST-ZIP ST PETERSBURG FL 33704

☐ Delete

TITLE VD
NAME SPAZIANO, LEE M
STREET ADDRESS 5818 92 TERRACE NORTH
CITY-ST-ZIP PINELLAS PARK FL 33782

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS 30 GOLF TERRACE DR., #107
CITY-ST-ZIP WINTER SPRINGS, FL 32708

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(407) 388-0814