

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90038 041 ***150.00

DOCUMENT # S00590

1. Entity Name

UNITECH COMPUTER SERVICES, INC.

Principal Place of Business

4114 U.S. HWY. 19
 NEW PORT RICHEY FL 34652
 US

Mailing Address

4114 U.S. HWY. 19
 NEW PORT RICHEY FL 34655-5635
 US

2. Principal Place of Business

2338 Woodbend Circle
 Suite, Apt. #, etc.

3. Mailing Address

1324 Seven Springs Blvd
 Suite, Apt. #, etc.
Box 156

City & State

New Port Richey, FL 34655

City & State

New Port Richey Florida.

Zip

34655

Country
Pasco

Zip

34655

Country

Pasco

4. FEI Number

59-3030398

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

KAREL, JOHN A
 2835 U.S. HWY. 19
 HOLIDAY FL 34691

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	CHAPMAN, MICHAEL A.	2338 WOODBEND CIRCLE	NEW PORT RICHEY FL	<input type="checkbox"/>
ST	CHAPMAN, MICHAEL A.	2338 WOODBEND CIRCLE	NEW PORT RICHEY FL	<input type="checkbox"/>
V	STWALT, CHARLES	890 SILK OAK TREE	LAKE MARY FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 A. Chapman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 4, 2000 727-372-4675

Date

Daytime Phone #