

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S00590

1. Entity Name

UNITECH COMPUTER SERVICES, INC.

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

05-26-2000 90038 041 \*\*\*150.00

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  
Zip Country  
34655 Pasco

City & State

New Port Richey Florida.  
Zip Country  
34655 Pasco

4. FEI Number

59-3030398

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

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 PD  
NAME CHAPMAN, MICHAEL A.  
STREET ADDRESS 2338 WOODBEND CIRCLE  
CITY-ST-ZIP NEW PORT RICHEY FL

TITLE ST  
NAME CHAPMAN, MICHAEL A.  
STREET ADDRESS 2338 WOODBEND CIRCLE  
CITY-ST-ZIP NEW PORT RICHEY FL

TITLE V  
NAME STWALT, CHARLES  
STREET ADDRESS 890 SILK OAK TREE  
CITY-ST-ZIP LAKE MARY FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
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 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 #