

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S20462

1. Entity Name

COMPUTERSMART, INC.

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90110 028 ***150.00

703723



DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
303 BLANDING BLVD ORANGE PARK FL 32073 US	303 BLANDING BLVD. ORANGE PARK FL 32073-4322

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State		
Zip	Country	Zip	Country

4. FEI Number	59-3132675	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
MCCLAIN, THOMAS 1069 BIRCHWOOD DRIVE ORANGE PARK FL 32065

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	P <input type="checkbox"/> Delete
NAME	MCCLAIN, THOMAS
STREET ADDRESS	1069 BIRCHWOOD DR.
CITY-ST-ZIP	ORANGE PARK FL
TITLE	S <input checked="" type="checkbox"/> Delete
NAME	KIRBY, JANE
STREET ADDRESS	1069 BIRCHWOOD DR
CITY-ST-ZIP	ORANGE PARK FL
TITLE	VP <input checked="" type="checkbox"/> Delete
NAME	JIMMY D. GILLESPIE
STREET ADDRESS	1069 BIRCHWOOD DRIVE
CITY-ST-ZIP	ORANGE PA
TITLE	T <input checked="" type="checkbox"/> Delete
NAME	PENNY D. GILLESPIE
STREET ADDRESS	1069 BIRCHWOOD DRIVE
CITY-ST-ZIP	ORANGE PARK FL
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/00
Date

904-272-1516
Daytime Phone #

CR2E034 (9/99)