

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S24707

1. Entity Name

COMPUTEL COMPUTER SYSTEMS, INC.

Principal Place of Business

EXECUTIVE CT II, STE 215  
2300 CORPORATE BLVD NW  
BOCA RATON FL 33431  
US

Mailing Address

EXECUTIVE CT II, STE 215  
2300 CORPORATE BLVD NW  
BOCA RATON FL 33431  
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

BECK, LOUIS S.  
EXECUTIVE COURT II, SUITE 232  
2300 CORPORATE BLVD., NW  
BOCA RATON FL 33431

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, 2001 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  
PSD  
BECK, LOUIS S.  
5269 PRINCETON WAY  
BOCA RATON FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VTD  
YEAGGY, HARRY G.  
7750 IVYGATE LANE  
CINCINNATI OH ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
JEFFERY, RONALD J.  
9719 SARATOGA PARK COURT  
BOCA RATON FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
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  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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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 #

561-994-5577

**FILED**  
**Jan 31, 2001 8:00 am**  
**Secretary of State**

01-31-2001 90075 001 \*\*\*\*\*8.75

01-31-2001 90075 002 \*\*\*550.00

25480



DO NOT WRITE IN THIS SPACE

4. FEI Number 31-1319441

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

CR2E034 (10/00)