

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **S37756**

1. Entity Name

MICRO CENTER INTERNATIONAL INCORPORATED

FILED
Apr 04, 2000 8:00 am
Secretary of State

04-04-2000 90036 044 ***150.00

Principal Place of Business 3743 W. UNIVERSITY AVE. GAINESVILLE FL 32607 US	Mailing Address 3743 W. UNIVERSITY AVE. GAINESVILLE FL 32607-2457 US
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3060266	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
GODWIN, JEAN C.
~~230 NW 2ND AVENUE~~
GAINESVILLE FL 32601
Address Change

7. Name and Address of New Registered Agent
 Name **GODWIN, JEAN C.**
 Street Address (P.O. Box Number is Not Acceptable)
23218 N.E. 69 AVE
 City **MELROSE** FL Zip Code **32666**

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 *Jeann Godwin*
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	D <input type="checkbox"/> Delete
NAME	GODWIN, JEAN C
STREET ADDRESS	RT 2 BOX 2071
CITY-ST-ZIP	MELROSE FL
TITLE	V <input type="checkbox"/> Delete
NAME	ALDERMAN, ROMULOUS
STREET ADDRESS	729 SEMINOLE RIDGE RD
CITY-ST-ZIP	MELROSE FL
TITLE	PS <input type="checkbox"/> Delete
NAME	GODWIN, JEAN C
STREET ADDRESS	RT 2 BOX 2071
CITY-ST-ZIP	MELROSE FL
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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	
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: *Jeann Godwin*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **3/31/00** Daytime Phone # **352-376-1146**

CR2E034 (9/99)