

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 14, 2001 8:00 am**  
**Secretary of State**

05-14-2001 90025 040 \*\*\*150.00

DOCUMENT # **S37756**

1. Entity Name

**MICRO CENTER INTERNATIONAL INCORPORATED**

Principal Place of Business

Mailing Address

**3743 W. UNIVERSITY AVE.  
 GAINESVILLE FL 32607  
 US**

**3743 W. UNIVERSITY AVE.  
 GAINESVILLE FL 32607  
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3060266**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GODWIN, JEAN C.  
 2321 NE 69 AVE  
 MELROSE FL 32666**

Name **SAME**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2321~~Q~~ NE 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 \_\_\_\_\_

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D**  Delete  
 NAME **GODWIN, JEAN C**  
 STREET ADDRESS **RT 2 BOX 2071**  
 CITY-ST-ZIP **MELROSE FL**

TITLE **SAME**  Change  Addition  
 NAME **SAME**  
 STREET ADDRESS **2321~~Q~~ NE 69 AVE** ADDRESS ONLY  
 CITY-ST-ZIP **MELROSE FL, 32666** ONLY

TITLE **V**  Delete  
 NAME **ALDERMAN, ROMULOUS**  
 STREET ADDRESS **729 SEMINOLE RIDGE RD**  
 CITY-ST-ZIP **MELROSE FL**

TITLE **SAME**  Change  Addition  
 NAME **SAME**  
 STREET ADDRESS **2834 NW 58 BLVD** ADDRESS ONLY  
 CITY-ST-ZIP **GAINESVILLE FL 32606** ONLY

TITLE **PS**  Delete  
 NAME **GODWIN, JEAN C**  
 STREET ADDRESS **RT 2 BOX 2071**  
 CITY-ST-ZIP **MELROSE FL**

TITLE **SAME**  Change  Addition  
 NAME **SAME**  
 STREET ADDRESS **2321~~Q~~ NE 69 AVE** ADDRESS ONLY  
 CITY-ST-ZIP **MELROSE FL 32666** ONLY

TITLE \_\_\_\_\_  Delete  
 NAME \_\_\_\_\_  
 STREET ADDRESS \_\_\_\_\_  
 CITY-ST-ZIP \_\_\_\_\_

TITLE \_\_\_\_\_  Change  Addition  
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 CITY-ST-ZIP \_\_\_\_\_

TITLE \_\_\_\_\_  Delete  
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 CITY-ST-ZIP \_\_\_\_\_

TITLE \_\_\_\_\_  Change  Addition  
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 STREET ADDRESS \_\_\_\_\_  
 CITY-ST-ZIP \_\_\_\_\_

TITLE \_\_\_\_\_  Delete  
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 CITY-ST-ZIP \_\_\_\_\_

TITLE \_\_\_\_\_  Change  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: \_\_\_\_\_

**JEAN C. GODWIN**  
*JEAN C. GODWIN*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**352-376-3207**

CR2E034 (10/00)