

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

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

Mailing Address

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

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 **59-3060266**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE



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 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 **2321 NE 69 AVE** ADDRESS ONLY
STREET ADDRESS **MELROSE FL. 32666**
CITY-ST-ZIP

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

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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)