## 2001 UNIFORM BUSINESS REPORT (UBR)

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an address, with all other like empowered.

## May 11, 2001 8:00 am Secretary of State **DOCUMENT # \$52956** COMPUTERIZEIT, INC. 05-11-2001 90023 047 \*\*\*150.00 Principal Place of Business Mailing Address 1473 MARION AVENUE 1473 MARION AVENUE Tallahassee FL 32303 TALLAHASSEE FL 32303 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3074149 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TAYLOR, STEVEN J. Street Address (P.O. Box Number is Not Acceptable) 1473 MARION AVENUE TALLAHASSEE FL 32303 City Zip Code FL 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, typed or or nted name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE Delete TITLE Change TAYLOR, STEVEN J. NAME NAME STREET ADDRESS 1473 MARION AVENUE STREET ADDRESS C!TY-ST-Z!P TALLAHASSEE FL CITY - ST - ZIP STD TITLE ☐ Delete TITLE Change Addition NAME TAYLOR, JENNY L. NAME STREET ADDRESS 1473 MARION AVENUE STREET ADDRESS CITY-ST-ZiP TALLAHASSEE FL CITY-ST-ZIP ☐ Delete mue TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-Z:P CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7!P CIEY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Acdition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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