

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 29, 2002 8:00 am**  
**Secretary of State**

09-29-2002 90002 037 \*\*\*150.00

**DOCUMENT # S58595**

1. Entity Name  
**COMPUTER HARDWARE SERVICES, INC.**

Principal Place of Business 272 LAZY ACRES LN LONGWOOD FL 32750 US	Mailing Address 272 LAZY ACRES LN LONGWOOD FL 32750 US
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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 **59-3101393**

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

**BARBORKA, LINDA**  
**2936 SUNSET DR.**  
**NEW SMYRNA BCH FL 32168**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PS</b> <b>BARBORKA, LINDA</b> <b>272 LAZY ACRE LN</b> <b>LONGWOOD FL 32750</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>BARBORKA, DENNIS</b> <b>272 LAZY ACRE LN</b> <b>LONGWOOD FL 32750</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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:** *Linda S. Barborka* **LINDA S. BARBORKA** **407-331-8454**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **9/25/02**  
 Date Daytime Phone #

CR2E034 (4/02)

*Attachment*

*874155*

*#558595*

**COMPUTER HARDWARE SERVICES INC.**

**INDEPENDENCE THROUGH KNOWLEDGE**

272 LAZY ACRES LANE  
LONGWOOD, FLORIDA 32750

TEL. 407 331 8454  
FAX 407 339 4745

**To Who It May Concern,**

**Please forgive us for not sending in the Uniform Business Report earlier but we did not receive it. We have meant out obligations in the past years on time and will in the future.**

**Sincerely,**

**Linda Barborka  
Computer Hardware Services Inc.**