


FILED
Jun 24, 2003 8:00 am
Secretary of State

06-24-2003 90012 020 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

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	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent BARBORKA, LINDA 2836 SUNSET DR. NEW SMYRNA BCH, FL 32169		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		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	
<small>Signature, typed or printed name of registered agent and date (if applicable) (NOTE: Registered Agent signature essential when re-registering)</small>		<small>DATE</small>	
<small>FILE NUMBER: 90140252</small>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (IN 11)	
TITLE	PS	TITLE	
NAME	BARBORKA, LINDA	NAME	
STREET ADDRESS	272 LAZY ACRE LN	STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD, FL 32750	CITY-ST-ZIP	
TITLE	VP	TITLE	
NAME	BARBORKA, DENNIS	NAME	
STREET ADDRESS	272 LAZY ACRE LN	STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD, FL 32750	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 trustee empowered to execute this report as required by Chapter 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Linda S. Barborka, President</i>		6/20/03	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>DATE</small>	

90140252



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3101393** Applied For Not Applicable

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

CR2003A (10/02)

Attachment
90140252
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 our obligations in the past years on time and will in the future.

Sincerely,



Linda Barborka
Computer Hardware Services Inc.