2002 UNIFORM BUSINESS REPORT (UBR)

of the corporation or the receiver or trustee empowered to changed, or on an attachment with an address with all of

Mar 24, 2002 8:00 am **DOCUMENT #** S64699 **Secretary of State** 1. Entity Name 03-24-2002 90058 034 ***150.00 ELLBIL COMPUTERS, INC. Principal Place of Business Mailing Address 2956 HILLVIEW ST 2956 HILLVIEW ST SARASOTA FL 34239 SARASOTA FL 34239 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0268007 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 WINDT, JACK WM. Street Address (P.O. Box Number is Not Acceptable) 2389 RINGLING BLVD. SUITE A SARASOTA FL 34237 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 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, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS CR2E034 (9/01) TITLE Addition TITLE ☐ Delete NAME NAME BISBING, WILLIAM H., JR STREET ADDRESS STREET ADDRESS 2956 HILLVIEW ST. CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME BISBING, ELLA M. STREET ADDRESS STREET ADDRESS 2956 HILLVIEW ST. CITY-ST-ZIP CITY-ST-ZIP sarasota fl ☐ Delete Addition TITLE TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition TITI F ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition Delete ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 eigenversed to give the second as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

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