2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attach new with an address, with all other like empowered.

SIGNATURE:

DOCUMENT # **V00006** Feb 10, 2000 8:00 am Secretary of State 1. Entity Name COMPUTER NUTS, INC. 02-10-2000 90057 021 ***150.00 Principal Place of Business Mailing Address 7359 LAKE UNDERHILL ROAD 1426 PEREZ ORLANDO FL 32825-8320 ORLANDO FL 32822 PAATStan 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3098473 Not Applicable Zip Country Country \$8,75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SIMMONS, MARILYN Street Address (P.O. Box Number is Not Acceptable) 1426 PEREZ ORLANDO FL 32825 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. SIGNATURE (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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. DVP ☐ Change Addition TITLE ☐ Delete TITLE SIMMONS, TODD R. NAME STREET ADDRESS STREET ADDRESS **1426 PEREZ** CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32825 ☐ Change Addition ☐ Delete TITLE TITLE SIMMONS, MARILYN S. NAME NAME STREET ADDRESS STREET ADDRESS 1426 PEREZ CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32825 ☐ Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE STREET ADDRESS 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