FILED

2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

May 03, 2001 8:00 am Secretary of State **DOCUMENT # V40186** BEYOND COMPUTERS AND MORE, INC. 05-03-2001 91109 049 ***150.00 Principal Place of Business Mailing Address 213 FIRST ST N 213 1ST N ST PETERSBURG FL 33701 ST PETERSBURG FL 33701 3. Mailing Address 2. Principal Place of Business 18660_US Hwy 19 N 18860 US Hwy 19 Ni Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE **Suite #100** Suite #100 City & State 4. FEI Number City & State 59-3131186 Applied For Clearwater, FL Clearwater, FL Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 33764-3106 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SWISHER, JOHN E. Street Address (P.O. Box Number is Not Acceptable) 669 1ST AVE N ST. PETERSBURG FL 33701 City 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 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. CR2E034 (10/00) TITLE □ Delete ☐ Addition PEARSON, JEFFRY W PEARSON, JEFFRY W NAME 1561 SOUTH HAVEN DRIVE STREET ADDRESS STREET ADDRESS 213 1ST ST N CLEARWATER, FL 33764 CITY-ST-ZIP CITY-ST-ZIP ST PETERSBURG FL TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change TITLE TITI F ☐ Addition NAME NAME 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