FILED Jul 09, 2002 8:00 am Secretary of State **2002 UNIFORM BUSINESS REPORT (UBR)** V40186 DOCUMENT # 1. Entity Name 07-09-2002 90373 043 ***150.00 BEYOND COMPUTERS AND MORE, INC. Principal Place of Business Mailing Address 18860 US HWY 19 N 18860 US HWY 19 N SUITE 100 SUITE 100 CLEARWATER FL 33764-3106 CLEARWATER FL 33764-3106 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 59-3131186 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired -----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. I am familiar with, and accept the obligations of registered agent SIGNATURE inted name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition PEARSON, JEFFRY W NAME NAME 1561 SOUTH HAVEN DRIVE STREET ADDRESS STREET ADDRESS CLEARWATER FL 33764 CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SHADORED SEQUIRED

ASSAULTE ON TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/1/2002

(727)674-0320 x102

B0127556



DIVISION OF CORPORATIONS UNIFORM BUSINESS REPORT FILINGS

P.O. Box 1500 Tallahassee, FL 32302-1500

July 1, 2002

Attentional

To whom it may concern,

I have just received your Uniform Business Report (UBR) that indicated a prior form was sent to us in the beginning of the year and has not been filed.

As per your request, in the attached documentation with the UBR form, I have attached this notice indicating that we have had no prior notice before today. The form that you have indicated as being SENT was not received in this office. This has been the only notice I have seen as of today.

As a note, this has been the second time this has happened since we have moved into our new location. Please check your files just to make sure everything is in order for future mailings.

If you are in need of any further information please don't hesitate to call my office for assistance and speak with Gene at extension 100.

Sincerely,

Jeffra XV Pearson