## 2000 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # V59242** May 09, 2000 8:00 am Secretary of State 1. Entity Name GIGABYTE COMPUTERS CORPORATION 05-09-2000 90039 006 \*\*\*150.00 Principal Place of Business Mailing Address 8030 PHILLIPS HIGHWAY 8030 PHILLIPS HIGHWAY AUUJIJIJ JACKSONVILLE FL 32256 JACKSONVILLE FL 32256-7453 US 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3139200 Not Applicable Zip Country Zip 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 CHANG, SHIUN-DAN Street Address (P.O. Box Number is Not Acceptable) 8030 PHILLIPS HIGHWAY 12B JACKSONVILLE FL 32256 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** DATE Signature, typed or printed name of registered agent and title if applicable (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. ☐ Addition Change TITLE Delete TITLE CHANG, SHIUN-DAN NAME NAME 9299 JAYBIRD CIRCLE EAST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL ☐ Addition Change TITLE Delete TITLE CHERN, CHYUN-LING NAME NAME STREET ADDRESS 9299 JAYBIRD CIRCLE EAST STREET ADDRESS CITY-ST-ZIP\_ JACKSONVILLE FL CITY-ST-7IP Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME

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

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS