

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000047696

1. Entity Name  
COMPU-GUIDE, INC.

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA 01547

Principal Place of Business Mailing Address  
4346 FLEXER DRIVE 4346 FLEXER DRIVE  
SPRING HILL FL 34607 SPRING HILL FL 34607-3211



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Florida Suite, Apt. #, etc. City & State Zip Country  
3. Mailing Address SAME Suite, Apt. #, etc. City & State Zip Country  
4. FEI Number 59-359-6378 Applied For Not Applicable  
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
CORRADINI, CHARLES  
4346 FLEXER DRIVE  
SPRING HILL FL 34607  
7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL 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) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)   
FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2000 Fee will be \$550.00  
Make Check Payable to Department of State  
10. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	D						
	CORRADINI, CHARLES	4346 FLEXER DRIVE	SPRING HILL FL 34607				

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.

SIGNATURE: Charles Corradini Date: 1-10-00 Daytime Phone #: (352) 597-5571

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Charles Corradini

CR2E034 (9/99)