

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 04, 2002 8:00 am**  
**Secretary of State**

02-04-2002 90032 003 \*\*\*150.00

**DOCUMENT # F98000001207**

**1. Entity Name**  
**DALY COMPUTERS, INC.**

**Principal Place of Business**

**7-1 METROPOLITAN COURT**  
**GAITHERSBURG MD 20878**

**Mailing Address**

**7-1 METROPOLITAN COURT**  
**GAITHERSBURG MD 20878**



**2. Principal Place of Business**

**22521 GATEWAY CENTER**  
 Suite, Apt. #, etc.

**3. Mailing Address**

**22521 GATEWAY CENTER**  
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State**

**CLARKSBURG MD**

**City & State**

**CLARKSBURG MD**

**4. FEI Number**

**52-1541086**

**Applied For**

**Not Applicable**

**Zip**

**Country**

**20871**

**MONTGOMERY**

**Zip**

**Country**

**20871**

**MONTGOMERY**

**5. Certificate of Status Desired**

☐

**\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE FL 32301-2525**

**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**

Signature, typed or printed name of registered agent and title if applicable.

(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, 2002 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**

<b>TITLE</b>	<b>PCTD</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>YU, RYAN T</b>	
<b>STREET ADDRESS</b>	<b>7-1 METROPOLITAN COURT</b>	
<b>CITY-ST-ZIP</b>	<b>GAITHERSBURG MD</b>	
<b>TITLE</b>	<b>V</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>LEE, JANNAN</b>	
<b>STREET ADDRESS</b>	<b>4818 WILLOW STREET</b>	
<b>CITY-ST-ZIP</b>	<b>BELLAIRE TX 77401</b>	
<b>TITLE</b>	<b>S</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>CHAO, MARGARET T</b>	
<b>STREET ADDRESS</b>	<b>7-1 METROPOLITAN COURT</b>	
<b>CITY-ST-ZIP</b>	<b>GAITHERSBURG MD</b>	
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

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

<b>TITLE</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	<b>22521 GATEWAY CENTER DRIVE</b>
<b>CITY-ST-ZIP</b>	<b>CLARKSBURG, MD 20871</b>
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	<b>22521 GATEWAY CENTER DRIVE</b>
<b>CITY-ST-ZIP</b>	<b>CLARKSBURG MD 20871</b>
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**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:**

**RYAN T. YU, PRESIDENT 1/9/02 301670 0381**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # x351

CR2E034 (9/01)