

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000027781

1. Entity Name

C4 COMPUTERS, INC.

**FILED**  
Feb 22, 2000 8:00 am  
Secretary of State

02-22-2000 90035 015 \*\*\*150.00

Principal Place of Business

Mailing Address

19410 NW 3RD COURT  
PEMBROKE PINES FL 33029

19410 NW 3RD COURT  
PEMBROKE PINES FL 33029-3238

2. Principal Place of Business

**INTERNET**  
12942 KIRBY SMITH Rd

3. Mailing Address

12942 KIRBY SMITH Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

ORLANDO FL

City & State

ORLANDO FL

4. FEI Number

65-0904086

Applied For

Not Applicable

Zip

32832

Country

ORANGE

Zip

32832

Country

ORANGE

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FINANCIAL FOUNDATIONS, INC.  
2843 THAXTON DRIVE, #37  
PALM HARBOR FL 34684

Name

MARK C. COOKE

Street Address (P.O. Box Number is Not Acceptable)

12942 KIRBY SMITH Rd

City

ORLANDO

FL

Zip Code

32832

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]*

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

(NOTE: Registered Agent signature required when reinstating)

2/14/00

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          | P                       | <input type="checkbox"/> Delete |
| NAME           | COOKE, MARK C           |                                 |
| STREET ADDRESS | 19410 NW 3RD COURT      |                                 |
| CITY-ST-ZIP    | PEMBROKE PINES FL 33029 |                                 |
| TITLE          |                         | <input type="checkbox"/> Delete |
| NAME           |                         |                                 |
| STREET ADDRESS |                         |                                 |
| CITY-ST-ZIP    |                         |                                 |
| TITLE          |                         | <input type="checkbox"/> Delete |
| NAME           |                         |                                 |
| STREET ADDRESS |                         |                                 |
| CITY-ST-ZIP    |                         |                                 |
| TITLE          |                         | <input type="checkbox"/> Delete |
| NAME           |                         |                                 |
| STREET ADDRESS |                         |                                 |
| CITY-ST-ZIP    |                         |                                 |
| TITLE          |                         | <input type="checkbox"/> Delete |
| NAME           |                         |                                 |
| STREET ADDRESS |                         |                                 |
| CITY-ST-ZIP    |                         |                                 |

|                |                       |  |
|----------------|-----------------------|--|
| TITLE          | P                     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | MARK COOKE, MARK C.   |  |
| STREET ADDRESS | 12942 KIRBY SMITH Rd. |  |
| CITY-ST-ZIP    | ORLANDO FL 32832      |  |
| TITLE          | VP                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           | COOKE, KELLEY C       |  |
| STREET ADDRESS | 12942 KIRBY SMITH Rd  |  |
| CITY-ST-ZIP    | ORLANDO FL 32832      |  |
| TITLE          |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                       |  |
| STREET ADDRESS |                       |  |
| CITY-ST-ZIP    |                       |  |
| TITLE          |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                       |  |
| STREET ADDRESS |                       |  |
| CITY-ST-ZIP    |                       |  |
| TITLE          |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                       |  |
| 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/00

Date

407-382-7004

407-382-2550

407-382-3490

CR2E034 (9/99)