2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2002 8:00 am
Secretary of State
03-03-2002 90096 045 ***158.75

DOCUMENT # 539067

1. Entity Name
COMPUTER BUSINESS SERVICES, INC.

Principal Place of Business	Mailing Address
240 W. PALMETTO PARK RD	~~240 W. PALMETTO PARK RD~~
~~P.O. BOX 1120~~	P.O. BOX 1120
BOCA RATON FL ~~33429~~	BOCA RATON FL 33429
	US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc. SUITE 220	Suite, Apt. #, etc.
City & State	City & State
Zip 33432 Country	Zip Country

4. FEI Number 59-1760630 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FENICK, RICHARD J., II
100 SW 15TH DR
BOCA RATON FL 33432

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 ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PDTS	☐ Delete	TITLE	VICE-PRESIDENT	☐ Change ☑ Addition
NAME	FENICK, RICHARD J, II		NAME	KATHLEEN ~~[crossed out]~~ SCAHILL	
STREET ADDRESS	100 SW 15TH DR		STREET ADDRESS	6128 MESSANA TERRACE	
CITY-ST-ZIP	BOCA RATON FL		CITY-ST-ZIP	LAKE WORTH, FL	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (9/01)

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] RICHARD J FENICK II 2/19/02 561-392-3800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #