

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 517896

1. Entity Name

COMPUTER STUDIOS, INC.

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

01-22-2000 90076 050 \*\*\*150.00

Principal Place of Business

Mailing Address

P.O. BOX 4009  
TALLAHASSEE FL 32315

P.O. BOX 4009  
TALLAHASSEE FL 32315-4009

00007501

2. Principal Place of Business

2637 Stonegate Drive

3. Mailing Address

P.O. Box 4009 Ok

Suite, Apt. #, etc.

Tallahassee FL 32308

Suite, Apt. #, etc.

City & State

Zip

32308

Country

USA

City & State

Zip

32308

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1715068

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WENTWORTH, AUBREY D  
2637 STONEGATE DRIVE  
TALLAHASSEE FL 32308

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, 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	WENTWORTH, AUBREY D.	2637 STONEGATE DRIVE	TALLAHASSEE FL	<input type="checkbox"/>
V	WENTWORTH, CHRISTOPHER D	1439 GROVE AVE	CRETE NB	<input type="checkbox"/>
S	WENTWORTH, A.D.	2637 STONE GATE DR.	TALLAHASSEE FL	<input type="checkbox"/>
T	WENTWORTH, DEAN	4933 ANNETTE DRIVE	TALLAHASSEE FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

Aubrey D. Wentworth

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-14-2000 850  
386-282344

CR2E034 (9/99)