2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 14, 2000 8:00 am
Secretary of State
01-14-2000 90066 045 ***150.00

DOCUMENT # 672570

1. Entity Name
COMPUTER SOFTWARE DESIGN, INC.

Principal Place of Business	Mailing Address
7263 MAUNA LOA SARASOTA FL 34241 US	7263 MAUNA LOA SARASOTA FL 34238-3702 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
5134 North Ridge Rd		5134 North Ridge Rd	
Suite, Apt. #, etc. Suite 312		Suite, Apt. #, etc. Suite 312	
City & State SARASOTA Fl		City & State SARASOTA Fl	
Zip 34238	Country SARASOTA	Zip 34238	Country SARASOTA

4. FEI Number 59-2001273 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GOLLNICK, WILLIAM E
7263 MAUNA LOA BLVD
SARASOTA FL 34241

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
5134 North Ridge Rd Suite 312

City SARASOTA **FL** Zip Code 34238

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 William E Gollnick [signature] 1/7/2000
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GOLLNICK, WILLIAM E 7263 MAUNA LOA SARASOTA FL 34241	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Gollnick William E. 5134 North Ridge Suite 312 SARASOTA Fl 34238	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐

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] PRES William E Gollnick 1/7/00 941-929-0928
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #