

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F01000002687

1. Entity Name  
COMPUTER PRODUCTS & SERVICES, INC.

FILED

02 JUN 14 PM 1:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
951 CLINT MOORE ROAD  
SUITE A  
BOCA RATON FL 33487

Mailing Address  
951 CLINT MOORE ROAD  
SUITE A  
BOCA RATON FL 33487

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

*[Handwritten Signature]*



DO NOT WRITE IN THIS SPACE

4. FEI Number 06-1367245  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
B & C CORPORATE SERVICES, INC.  
201 SOUTH BISCAYNE BLVD., SUITE 300  
MIAMI FL 33131

7. Name and Address of New Registered Agent  
Name N RAS. Services, Inc.  
Street Address (P.O. Box Number is Not Acceptable) 526 East Park Avenue  
City Tallahassee FL Zip Code 32301

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 *[Handwritten Signature]* ASST. Secy  
(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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C MALLIN, JOEL 951 CLINT MOORE ROAD BOCA RATON FL 33487	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PARKES, RICHARD 951 CLINT MOORE ROAD BOCA RATON FL 33487	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERNAL, JOSE 951 CLINT MOORE ROAD BOCA RATON FL 33487	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREENBERG, KENNETH 951 CLINT MOORE ROAD BOCA RATON FL 33487	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUNN, SCOTT 951 CLINT MOORE ROAD BOCA RATON FL 33487	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RODRIGUEZ, JORGE L 951 CLINT MOORE ROAD BOCA RATON FL 33487	<input checked="" type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	200006208882--6 -07/05/02--01014--006 ****400.00 ****400.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	600006209008--7 -07/05/02--01014--007 ****150.00 ****150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Douglas W. Marcille 951 Clint Moore Rd Boca Raton, FL 33487	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date 3/13/02 Daytime Phone # 561 241 5133

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CR2E034 (9/01)