

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 30, 2000 8:00 am
Secretary of State

03-30-2000 90024 016 ***150.00

DOCUMENT # F15382

1. Entity Name

COMPUSOFT SERVICES, INC.

Principal Place of Business

5513 PALM LAKE CIRCLE
 ORLANDO FL 32819
 US

Mailing Address

7512 DR. PHILLIPS BLVD
 SUITE 50-304
 ORLANDO F 32819-5131
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2114506

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

TICKNOR, ERNEST J.
1480 S. LYNDELL DRIVE
KISSIMMEE FL 34741

7. Name and Address of New Registered Agent

Name

Thomas E. Ticknor

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

5513 Palm Lake Circle

City

ORLANDO

FL

Zip Code

32819

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

Thomas Ticknor, President

(NOTE: Registered Agent signature required when reinstating)

3-27-00

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PST	TICKNOR, THOMAS E	5513 PALM LAKE CIRCLE	ORLANDO FL	<input type="checkbox"/>
D	TICKNOR, THOMAS E	5513 PALM LAKE CIRCLE	ORLANDO FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<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"/>
				<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)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas Ticknor

3-27-00

DATE

407 248 0698

DAYTIME PHONE #

CR2E034 (9/99)