

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F99000002266**

1. Entity Name

TMBD COMPUTER SYSTEMS EDUCATION AND CONSULTING,**FILED****Jan 29, 2000 8:00 am**
Secretary of State

01-29-2000 90096 028 ***150.00

Principal Place of Business

Mailing Address

**1015 3RD STREET, SUITE D
COLUMBUS IN 47201****1015 3RD STREET, SUITE D
COLUMBUS IN 47201-6800**

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

35-2026307Applied For
Not Applied For5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MOORE, LUTHER JR.
2946 OAK HAMMOCK CT.
OVIEDO FL 32765**

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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	PD	<input type="checkbox"/> Delete
NAME	GODWIN, MARVIN E	
STREET ADDRESS	5290 HARTFORD AVE.	
CITY-ST-ZIP	COLUMBUS IN 47203	

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

TITLE	V	<input type="checkbox"/> Delete
NAME	MOORE, LUTHER JR	
STREET ADDRESS	2946 OAK HAMMOCK CT.	
CITY-ST-ZIP	OVIEDO FL 32765	

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

TITLE	S	<input type="checkbox"/> Delete
NAME	FELTNER, KAREN L	
STREET ADDRESS	340 STEVEN CT.	
CITY-ST-ZIP	MORGANTOWN IN 46180	

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

TITLE	TDV	<input type="checkbox"/> Delete
NAME	GODWIN, TORRY R	
STREET ADDRESS	5290 HARTFORD AVE.	
CITY-ST-ZIP	COLUMBUS OH 47203	

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

TITLE	C	<input type="checkbox"/> Delete
NAME	GODWIN, BONNIE S	
STREET ADDRESS	5290 HARTFORD AVE.	
CITY-ST-ZIP	COLUMBUS OH 47203	

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

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

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

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:Tory R. Godwin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/11/00

812 372 0716