

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000005998

1. Entity Name

COMPU-DAWN, INC.

FILED
Feb 28, 2000 8:00 am
Secretary of State

02-28-2000 90012 009 ***158.75

Principal Place of Business

Mailing Address

P.O. BOX 2772
PONTE VEDRA FL 32004

P.O. BOX 2772
PONTE VEDRA FL 32004-2772

2. Principal Place of Business

333 North 1st St.

3. Mailing Address

333 North 1st St.

Suite, Apt. #, etc.

Suite 205

Suite, Apt. #, etc.

Suite 205

City & State

Jacksonville Beach FL

City & State

Jacksonville Beach FL

Zip

32250

Country

USA

Zip

32250

Country

USA

6. Name and Address of Current Registered Agent

UNITED CORPORATE SERVICES, INC.
9200 SOUTH DADELAND BLVD., SUITE 508
MIAMI FL 33156

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

4. FEI Number 11-3344575

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

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 ☐ Delete
NAME P
DANNER, PAUL
STREET ADDRESS 333 NORTH FIRST STREET, SUITE 200
CITY-ST-ZIP JACKSONVILLE BEACH FL 32250

TITLE ☐ Delete
NAME T
GREENSPAN, DAVID
STREET ADDRESS 333 NORTH FIRST STREET, SUITE 200
CITY-ST-ZIP JACKSONVILLE BEACH FL 32250

TITLE ☐ Delete
NAME D
LINTON, CHRISTOPHER
STREET ADDRESS 333 NORTH FIRST STREET, SUITE 200
CITY-ST-ZIP JACKSONVILLE BEACH FL 32250

TITLE ☐ Delete
NAME D
LIBIN, LOUIS
STREET ADDRESS 333 NORTH FIRST STREET, SUITE 200
CITY-ST-ZIP JACKSONVILLE BEACH FL 32250

TITLE ☐ Delete
NAME D
THEALÉ, RUDY C JR.
STREET ADDRESS 333 NORTH FIRST STREET, SUITE 200
CITY-ST-ZIP JACKSONVILLE BEACH FL 32250

TITLE ☐ Delete
NAME D
TURNER, R.E. (TEDDY) IV
STREET ADDRESS 333 NORTH FIRST STREET, SUITE 200
CITY-ST-ZIP JACKSONVILLE BEACH FL 32250

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME D
Liston, Christopher
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)