

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G26751

1. Entity Name

COMPUTER BASED SYSTEMS AND SERVICES, INCORPORATED

FILED
Jan 14, 2000 8:00 am
Secretary of State

01-14-2000 90011 047 ***150.00

Principal Place of Business Computer Based Systems & Svc. P.O. Box 5641 Lake Worth, FL 33466	Mailing Address Computer Based Systems & Svc. P.O. Box 5641 Lake Worth, FL 33466
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business SEE ABOVE	3. Mailing Address SEE ABOVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

Zip 33466	Country USA	Zip 33466	Country USA
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4. FEI Number 59-2294581	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent Michael Dibeneditto 6062 Palm Breezes Dr. Lantana, FL 33462

7. Name and Address of New Registered Agent 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DIBENEDITTO, MICHAEL A. 6062 Palm Breezes Dr. Lantana, FL 33462 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DIBENEDITTO, MARY 6062 Palm Breezes Dr. Lantana, FL 33462 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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

SIGNATURE _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER

Michael Dibeneditto
6062 Palm Breezes Dr.
Lantana, FL 33462

1/6/00 **(561) 478-5792**
Date Daytime Phone #

CR2E034 (9/99)