

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H42170

1. Entity Name

COMPUTER FINANCIAL SERVICES, INC.

Principal Place of Business

1412 INDIAN RD
WEST PALM BEACH FL 33406
US

Mailing Address

1412 INDIAN ROAD
WEST PALM BEACH FL 33406
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 59-2490736

Applied For

Not Applicable

5. 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

SHAPIRO SIDNEY C
1412 INDIAN RD
WEST PALM BEACH FL 33406

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, 2001 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 PES
NAME SHAPIRO, JOANNE ☒ Delete
STREET ADDRESS 1412 INDIAN ROAD
CITY-ST-ZIP WEST PALM BEACH FL

TITLE PS
NAME SIDNEY SHAPIRO ☐ Change ☒ Addition
STREET ADDRESS 1412 INDIAN ROAD
CITY-ST-ZIP W. PALM BEACH, FL 33406

TITLE VD
NAME SHAPIRO, JOANNE ☐ Delete
STREET ADDRESS 1412 INDIAN ROAD
CITY-ST-ZIP WEST PALM BEACH FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Delete
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

SIDNEY SHAPIRO, Pres

Date

Daytime Phone #

1/8/01 (561) 585-3600

FILED
Jan 16, 2001 8:00 am
Secretary of State

01-16-2001 90104 036 ***150.00

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DO NOT WRITE IN THIS SPACE

01-16-2001

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