

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H80911
Entity Name
COMPUTER APPLIED MANAGEMENT SYSTEMS, INC.

FILED
May 11, 2000 8:00 am
Secretary of State
05-11-2000 90298 049 ***150.00

Principal Place of Business Mailing Address
CORTEZ RD., W. 800 CORTEZ RD., W.
FL 34207 BRADENTON FL 34207-1432
US



Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

4. FEI Number 59-2646949 Applied For
Not Applicable
5. Certificate of Status Desired \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent
CONLEY, JEFFREY A.
800 CORTEZ RD., W.
BRADENTON FL 34207

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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
This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be
(See criteria on back) After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees
Make Check Payable to Department of State

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
ST- ZIP	DV CONLEY, ROGER P. 2401 MANATEE AVE WEST BRADENTON FL	TITLE NAME STREET ADDRESS CITY-ST- ZIP	Change Addition
ST- ZIP	D CONLEY, JEFFREY A. 800 CORTEZ RD WEST BRADENTON FL	TITLE NAME STREET ADDRESS CITY-ST- ZIP	Change Addition
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ST- ZIP		TITLE NAME STREET ADDRESS CITY-ST- ZIP	Change Addition

3. 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 Day Daytime Phone #