

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 21, 2000 08:00 AM**
Secretary of State**DOCUMENT # H96389****1. Entity Name**
APD COMPUTER SERVICES, INC.

Principal Place of Business 600 GOLFPARK DR CELEBRATION FL 34747 US	Mailing Address 600 GOLFPARK DR CELEBRATION FL 34747 US
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2. Principal Place of Business 600 GOLFPARK DRIVE Suite, Apt. #, etc.	3. Mailing Address 600 GOLFPARK DRIVE Suite, Apt. #, etc.
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City & State CELEBRATION FL	City & State CELEBRATION FL
Zip 34747	Country US

4. FEI Number 59-2627977	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SIMPSON, MARTYN W.
600 GOLFPARK DR

CELEBRATION FL 34747 US

7. Name and Address of New Registered Agent

Name
SIMPSON MARTYN W
Street Address (P.O. Box Number is Not Acceptable)
600 GOLFPARK DRIVE

City CELEBRATION **FL** **Zip Code** 34747

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** MARTYN W. SIMPSON**04/21/2000**

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 SIMPSON, MARTYN W. 600 GOLFPARK DR CELEBRATION FL 34747 <input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SIMPSON MARTYN W 600 GOLFPARK DRIVE CELEBRATION FL 34747 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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** MARTYN W. SIMPSON**PD** 04/21/2000