

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2001 8:00 am
Secretary of State

02-03-2001 90013 021 ***150.00

DOCUMENT # K52713

1. Entity Name

COMPUTER SCIENCE TECHNOLOGY, INC.

Principal Place of Business

**1020 SUNSHINE LN
 #104
 ALTAMONTE SPRINGS FL 32714
 US**

Mailing Address

**716 PINE TERRACE COURT
 C/O MAUREEN L. SMITH
 ALTAMONTE SPRINGS FL 32714
 US**

913130



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **65-0178878**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SMITH, MAUREEN L
 1020 SUNSHINE LN SUITE 104
 ALTAMONTE SPRINGS FL 32714**

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, 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

TITLE **CPD** ☐ Delete
 NAME **SMITH, MAUREEN L.**
 STREET ADDRESS **716 PINE TERR CT**
 CITY-ST-ZIP **ALTAMONTE SPRINGS FL**

TITLE **ST** ☐ Delete
 NAME **SMITH, ANDREW L.**
 STREET ADDRESS **716 PINE TERRACE COURT**
 CITY-ST-ZIP **ALTAMONTE SPRINGS FL**

TITLE **D** ☐ Delete
 NAME **O'HARGAN, PAUL T**
 STREET ADDRESS **239 SHADOW BAY BLVD SO**
 CITY-ST-ZIP **LONGWOOD FL 32779**

TITLE **D** ☐ Delete
 NAME **O'HARGAN, MARY J**
 STREET ADDRESS **239 SHADOW BAY BLVD SO**
 CITY-ST-ZIP **LONGWOOD FL 32779**

TITLE **VP** ☐ Delete
 NAME **CYNTHIA SMITH**
 STREET ADDRESS **101 P. CALEY CT**
 CITY-ST-ZIP **LONGWOOD FL 32779**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE **D** ☐ 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

TITLE ☐ Change ☐ Addition
 NAME
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 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 #

MAUREEN SMITH **MAUREEN SMITH** **1/29/01** **407 682 3325**

CR2E034 (10/00)