

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L42156

1. Entity Name

CENTRAL DATA COMPUTER CENTERS, INC.

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90051 018 ***150.00

Principal Place of Business

Mailing Address

C/O HENRY GRADY CRUNK III
6055 GRISSOM PKWY. BOX 2046
TITUSVILLE FL 32781-2046
US

C/O HENRY GRADY CRUNK III
6055 GRISSOM PKWY. BOX 2046
TITUSVILLE FL 32781-2046
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

8855 Grissom Pkwy

Suite, Apt. #, etc.

8855 Grissom Pkwy

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3102118

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

CRUNK, HENRY GRADY, III
6055 GRISSOM PARKWAY
TITUSVILLE FL

Name

Street Address (P.O. Box Number is Not Acceptable)

8855 GRISSOM PARKWAY

City

FL

Zip Code

32780

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE V ☐ Delete
NAME CRUNK, HENRY GRADY, III
STREET ADDRESS 3845 RANEY ROAD
CITY-ST-ZIP TITUSVILLE FL 32780

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

TITLE P ☐ Delete
NAME CRUNK, KANDY
STREET ADDRESS 3845 RANEY ROAD
CITY-ST-ZIP TITUSVILLE FL 32789

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP 32780

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

Kandy Crunk
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-14-2000

Date

321-383-0705

Daytime Phone #

CR2E034 (9/99)