2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L75498

1. Entity Name

Computer Forms Specialist, Inc.

FILED
May 22, 2001 8:00 am
Secretary of State
05-22-2001 90032 021 ***150.00

659631

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
540 Alpine St. Alt. Spgs., FL 32701	540 Alpine St. Alt. Spgs., FL 32701

2. Principal Place of Business	3. Mailing Address
540 Alpine St	540 Alpine St
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Alt Spgs FL	City & State: Alt Spgs FL
Zip: 32701 Country: USA	Zip: 32701 Country: USA

4. FEI Number: 59-3012127 ☐ 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
Fristachi, Debra Jean 540 Alpine Street Altamonte Springs FL 32701	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] 4-30-01
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PT Fristachi Debra Jean 540 Alpine St Alt Spgs Fl 32701 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VS Fristachi Teodoro 540 Alpine St Alt Spgs FL 32701 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (11/00)

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] 4-30-01 4076822002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #