

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 14, 2000 8:00 am**  
**Secretary of State**

02-14-2000 90126 030 \*\*\*150.00

**DOCUMENT # M67121**

1. Entity Name

**COMPUBOOK SYSTEMS, INC.**

00020471



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

**DENISE DRUDY**  
**SAN LUIS ST**  
**TAMPA FL 33629**

**C/O DENISE DRUDY**  
**4303 SAN LUIS ST**  
**TAMPA FL 33629-7719**

2. Principal Place of Business

**3606 W. KENNEDY BLVD**  
 Suite, Apt. #, etc.

3. Mailing Address

**P.O. Box 18584**  
 Suite, Apt. #, etc.

City & State

**TAMPA FL**

City & State

**TAMPA FL**

4. FEI Number

**59-2866639**

Applied For

Not Applicable

Zip

**33609**

Country

**FLORIDA**

Zip

**33675-8586**

Country

**FLORIDA**

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**DRUDY, DENISE**  
**4303 SAN LUIS ST**  
**TAMPA FL 33629**

7. Name and Address of New Registered Agent

Name

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

**3606 W KENNEDY BLVD**

City

**TAMPA**

FL

Zip Code

**33609**

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

*Denise Drudy*

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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>DRUDY, DENISE</b>	
STREET ADDRESS	<b>4303 W. SAN LUIS ST.</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>DRUDY, THOMAS</b>	
STREET ADDRESS	<b>4303 W SAN LUIS</b>	
CITY-ST-ZIP	<b>TAMPA FL 33629</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Denise Drudy*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/7/00*

Date

*813 877 4898*

Daytime Phone #

CR2E034 (9/99)