

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000006618

1. Entity Name

THE KOMPUTER DEVELOPMENTAL SKILLS LAB, INC.

P

FILED
Sep 12, 2000 8:00 am
Secretary of State

09-12-2000 90143 046 ****61.25

Principal Place of Business

1135 SE MAPLE ST
HIGH SPRINGS FL 32643

Mailing Address

1135 SE MAPLE ST
HIGH SPRINGS FL 32643

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3424750

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STANDIFER, KIMBLEY
1135 SE MAPLE ST
HIGH SPRINGS FL 32643

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

9/5/2000

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DP ☐ Delete
NAME STANDIFER, KIMBLEY D
STREET ADDRESS 1135 SE MAPLE ST
CITY-ST-ZIP HIGH SPRINGS FL 32643

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

TITLE DVT ☐ Delete
NAME LEE, GUSSIE
STREET ADDRESS RT 1 BOX 44
CITY-ST-ZIP ALACHUA FL 32615

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

TITLE DS ☐ Delete
NAME LEE, GREGORY
STREET ADDRESS 28225 NW CR 241
CITY-ST-ZIP ALACHUA FL 32615

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

TITLE D ☐ Delete
NAME WOODY, ROBERT
STREET ADDRESS 608 SE 12TH ST
CITY-ST-ZIP GAINESVILLE FL

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

TITLE D ☒ Delete
NAME GUNYARD, VIAN
STREET ADDRESS 505 NW 2ND AVE
CITY-ST-ZIP GAINESVILLE FL

TITLE D ☐ Change ☒ Addition
NAME Eugene Jones
STREET ADDRESS 222 SE 70th St.
CITY-ST-ZIP Gainesville, FL 32601

TITLE T ☐ Delete
NAME GARDNER, COLLETTE
STREET ADDRESS 16507 NW 141ST ST
CITY-ST-ZIP ALACHUA FL

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature] **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/5/2000

Date

(352) 395-4145

Daytime Phone #

CR2E037 (5/00)