2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P00000090211 **DOCUMENT #**

1. Entity Name



FILED Mar 24, 2003 8:00 am Secretary of State

03-24-2003 90138 010 ***150.00

COMPUTER DOMAIN, CORP.			
Principal Place of Business 7902 NW 18 COURT MARGATE FL 33063	Mailing Address 7902 NW 18 COURT MARGATE FL 33063		

MARGATE FL	33063		MAI	RGATE FL 33063			1)	
2. Principal Place of Business			3. M	3. Mailing Address				: 180:180: 11: 80:11			
Suite, Apt. #, etc.		Su	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State			Ci	City & State			4.	4. FEI Number 65-1043297 Applied For Not Applicable			
Zip		Country	Zi		Coun	try	5.	5. Certificate of Status Desired S8.75 Additional Fee Required			
	6. Name	and Address o	of Current Registe	red Agent		7. Name and Address of New Registered Agent					
					1	Name	1				
DENSKY, ALAN B				Street Address (P.O. Box Number is Not Acceptable)							
7902 NW	18 COURT					Olicet Ad	idiess (i .O. L		''		
MARGATE	FL 33063										
						City	•		F	Zip Cod	e
8. The above the obligat	named entity tions of registe	submits this st red agent.	atement for the pu	pose of changing its	s registere	ed office or r	registered ag	gent, or both, in the State of Flo	rida. I an	n familiar with,	and accept
SIGNATURE .											
SIGNATURE .	Signature, typed o	r printed name of reg	gistered agent and title if a	oplicable. (NOT	TE: Registere	d Agent signatur	e required when r	reinstating)	DATE		
F	ILE NOW!!!	FEE IS \$1	50.00	1							
		3 Fee will be						9. Election Campaign Fin		\$5.0	O May Be
Make Check	k Payable to	Florida Depa	rtment of State					Trust Fund Contribution	n.	☐ Added	to Fees
10.	."	OFFIC	ERS AND DIRECT	ORS	11.		Α[DDITIONS/CHANGES TO OFF	ICERS AN	ID DIRECTORS	3 IN 11
TITLE	PSTD			☐ Delete	TITLE			- Th. du-		☐ Change	☐ Addition
NAME	DENSKY, A	LAN B			NAM	:					
STREET ADDRESS	7902 NW 1				STRE	ÉT ADDRESS					
CITY-ST-ZIP	MARGATE	FL 33063			CITY	·ST-ZIP					
TITLE	۷D			☐ Delete	TITLE					☐ Change	☐ Addition
NAME	BONSETT,				NAME	: İ					
STREET ADDRESS	2301 NW 8					ET ADDRESS					
CITY-ST-ZIP	PEMBROKE	PINES FL 3	3324		CITY-	ST-ZIP					
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CITY-ST-ZIP						ET ADDRESS ST-ZIP					
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NAME					NAME						
STREET ADDRESS						T ADDRESS					1
CITY-ST-ZIP	•				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 607, 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:

Daytime Phone #