

9/5/01-90009-004-\$150.00-\$150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000100132

1. Entity Name
COMPUTER PROGRAMMING DESIGNERS, INC.Principal Place of Business
4544 HARLOW BLVD
JACKSONVILLE FL 32210Mailing Address
4544 HARLOW BLVD
JACKSONVILLE FL 32210

2. Principal Place of Business

4544 Harlow Blvd
Jacksonville

3. Mailing Address

Same
Suite, Apt. #, etc.City & State
Jacksonville FL

City & State

Zip
32210Country
DOM

Zip

Country

4. FEI Number 59-3679766

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BETANCOURT, ALBERTO
4544 HARLOW BLVD
JACKSONVILLE FL 32210

7. Name and Address of New Registered Agent

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

Alberto Betancourt

(NOTE: Registered Agent signature required when re-registering)

DATE 9/21/2001

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 \$550.00
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution.\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME PRES.
STREET ADDRESS ALBERTO BETANCOURT
CITY-ST-ZIPTITLE
NAME 4544 HARLOW BLVD
STREET ADDRESS JACKSONVILLE FL 32210
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
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:

Alberto Betancourt

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

01 SEP 25 PM 3:19

SECRETARY OF STATE
FLORIDA

DO NOT WRITE IN THIS SPACE

CH2EC04 (5/01)

Attachment
Doc# P0000100132
C075897

2012

August 28, 2001

Uniform Business Report
Division of Corporations
Post Office Box 1500
Tallahassee, FL 32302-1500

Dear Sir or Madam:

Computer Programming Designers, Inc. received your notice for the company's Uniform Business Report fee. They were going to pay the fee when they noticed that your correspondence was a second notice and required a much higher fee. My client never received the first notice, as they would have paid that fee as in the past.

We respectfully request that you accept payment of \$150.00 as renewal for my client's annual report. This company pays its bills by their due date, but does not have a formal system for triggering annual or nonrecurring payments other than the actual receipt of the bill. For this reason, they have no way of knowing that a payment was due to the State of Florida unless the notice was actually received.

If you have any questions, please do not hesitate to contact me directly at 904 296-2024. Thank you for your cooperation and understanding in resolving this matter.

Yours very truly,



Sonny F. Martin, CPA