

FILED
Feb 11, 2008 8:00 am
Secretary of State

40022573




02062008 Chq-P CR2E034 (12/06)

4. FEI Number	Applied For
26-1417299	Not Applicable

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

DOCUMENT # P07000123336

1. Entity Name
COMPUDOC CONSULTING, INC.



02-11-2008 90061 043 ***150.00


Principal Place of Business
17280 LAKE PARK ROAD
BOCA RATON, FL 33487

Mailing Address
17280 LAKE PARK ROAD
BOCA RATON, FL 33487

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

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4. FEI Number
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6. Name and Address of Current Registered Agent
BERLINSKI, GABRIEL
17280 LAKE PARK ROAD
BOCA RATON, FL 33487

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P/D
BERLINSKI, GABRIEL
17280 LAKE PARK ROAD
BOCA RATON, FL 33487

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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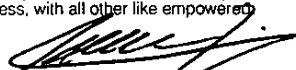
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☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  2/6/08 561-309-2540

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #