

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

DOCUMENT # **P37441**

1. Entity Name

**COMPUTER SCIENCE AND APPLICATIONS, INC.**

02 MAY 22 PM 3:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**528 MOONEY ROAD**

3. Mailing Address

**528 MOONEY ROAD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**FORT WALTON BEACH, FL**

City & State

**FORT WALTON BEACH, FL**

Zip

**32547**

Country

**USA**

Zip

**32547**

Country

**USA**

**REINSTATEMENT**

**01-02**

DO NOT WRITE IN THIS SPACE

**01-02**

4. FEI Number

**63-0669466**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

**MARION S. SKALKA**

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

**528 MOONEY ROAD**

City

**FORT WALTON BEACH, FL**

Zip Code

**32547**

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

*Marion S. Skalka*

**MARION S. SKALKA, CEO**

**02/06/2002**

Signature, typed or printed name of registered agent and fee 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) ☐

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$81.25**

**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

|                                                    |                                                                                               |
|----------------------------------------------------|-----------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>CEO/TREASURER<br/>MARION S. SKALKA<br/>528 MOONEY ROAD<br/>FORT WALTON BEACH, FL 32547</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>PRESIDENT<br/>RHONDA BARNES<br/>528 MOONEY ROAD<br/>FORT WALTON BEACH, FL 32547</b>        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>VICE PRESIDENT<br/>JACK R. LIPPERT<br/>8 CAMBRIDGE AVE<br/>FORT WALTON BEACH, FL 32548</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>SECRETARY<br/>JAMES B. CASTELIN<br/>35 LAKE LORRAINE CIRCLE<br/>SHALIMAR, FL 32579</b>     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                                               |

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|----------------------------------------------------|--|
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**-06/06/02--01007--007**  
**\*\*\*\*\*900.00 \*\*\*\*\*900.00**

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*Marion S. Skalka*

**MARION S. SKALKA**

**02/06/2002**

**(850) 862-3396**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)