

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000016404

1. Entity Name

COMPUTER MANAGEMENT ASSOCIATES, INC.

FILED
Jul 13, 2000 8:00 am
Secretary of State

07-13-2000 90011 004 ***550.00

Principal Place of Business

960 SW 20TH STREET
BOCA RATON FL 33486
US

Mailing Address

P O BOX 847
DEERFIELD BCH FL 33511-9043
US

2. Principal Place of Business

4705 RIDGECLIFF DR.

3. Mailing Address

4705 RIDGECLIFF DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

BRANDON, FL 33511

City & State

BRANDON, FL

4. FEI Number

65-0400800

Applied For

Not Applicable

Zip

33511

Country

USA

Zip

33511

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHOCHET, STEPHEN L
2500 N MILITARY TRAIL
SUITE 220
BOCA RATON FL 33431

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

Signature, typed or printed name of registered agent and title 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)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
CHASTAIN, JAMES B
960 SW 20TH ST
BOCA RATON FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
CHASTAIN, JAMES B.
4705 RIDGECLIFF DR.
BRANDON, FL 33511

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ Addition

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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

6/29/00

Date

813 643-1046

Daytime Phone #