

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000050080

1. Entity Name

COMPUTER AND NETWORK SERVICE, INC.

**FILED**  
**May 11, 2000 8:00 am**  
**Secretary of State**

05-11-2000 90350 001 \*\*\*308.75



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1600 S DIXIE HWY 1D BOCA RATON FL 33432 US	Mailing Address 1600 S DIXIE HWY 1D BOCA RATON FL 33432-7402 US
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2. Principal Place of Business 1600 S. DIXIE HIGHWAY Suite, Apt. #, etc. SUITE 112	3. Mailing Address 1600 S. DIXIE HIGHWAY Suite, Apt. #, etc. SUITE 112
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City & State BOCA RATON FL.	City & State BOCA RATON FL	4. FEI Number 65-0423985	Applied For Not Applicable
Zip 33432	Country PALM BEACH	Zip 33432	Country PALM BEACH

6. Name and Address of Current Registered Agent CANTOR, EDWARD 1600 S DIXIE HWY 1-D BOCA RATON FL 33432	7. Name and Address of New Registered Agent Name BARRY ZEEUW Street Address (P.O. Box Number is Not Acceptable) 1600 S. DIXIE HIGHWAY SUITE 112 City BOCA RATON FL Zip Code 33432
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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]* **PRUD**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**4.27.00**

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	DPC CANTOR, ED 1600 S DIXIE HWY #1D BOCA RATON FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES & DIR BARRY D. ZEEUW 1600 S. DIXIE HIGHWAY #112 BOCA RATON, FL. 33432 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP HEINO, GLENN 1600 S DIXIE HWY #1D BOCA RATON FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR & V.P. GLENN HEINO 1600 S. DIXIE HIGHWAY #112 BOCA RATON, FL 33432 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE:

*[Signature]* **PRUD**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04.27.00**

Date

**601 367 7780**

Daytime Phone #

CR2E034 (9/99)