2000 UNIFORM BUSINESS REPORT (UBR)

Mailing Address

1629 LYNSFIELD CT.

DOCUMENT # P96000084631

1. Entity Name

Principal Place of Business

HE LYNSFIELD CT.

CITY-ST-ZIP

SIGNATURE:

COMPUTER DYNAMICS CONSULTING INC.

UTZ FL 33549			LUTZ FL 33549-4169								
2. Principal P	lace of Busir	ness	3. Mailing Address			_					
Suite, Apt. #, etc.			Suite, Apt. #, etc.			\dashv	DO NOT WRITE IN THIS SPACE				
City & State			City & State	City & State			4. FEI Number 59-3406149 Applied Fo]
Zip Country			Zip	Zip Country		5.	Certificate of Status Desired		\$8.75 Add	litional	
	6. Name	and Address of Current	Registered Agent			7:	Name and Address of New R	egistered A	gent -		-
					Name						
CHALFANT, JAMES B 1629 LYNSFIELD CT. LUTZ FL 33549					Street Address (P.O. Box Number is Not Acceptable)						
1012	. FL 333 1 3				City			FL	Zip Cod	e	
8. The above	named entit	v submits this statement fo	r the purpose of chan	ging its register	ed office or reg	gistered ag	gent, or both, in the State of Flo	rida.			
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SIGNATURE .											
SIGNATURE .	Signature, typed	or printed name of registered agent	and title if applicable	(NOTE. Registere	d Agent signature re	quired when I	reinstating)	DATE			
				FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 ake Check Payable to Department of Sta			10. Election Campaign Fin Trust Fund Contribution			May Be to Fees	
11.		OFFICERS AND	DIRECTORS	12.		Al	DDITIONS/CHANGES TO OFFI	CERS AND	DIRECTOR	S IN 11	1
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NAME	CHALFANT, JAMES B				E						9/6/
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CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Jun 08, 2000 8:00 am Secretary of State 06-08-2000 90016 023 ***550.00