

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P96000084631

FILED  
Apr 12, 2002 8:00 AM  
Secretary of State

Entity Name: COMPUTER DYNAMICS CONSULTING INC.

**Current Principal Place of Business:**

1629 LYNSFIELD CT.  
LUTZ, FL 33549

**New Principal Place of Business:**

3229 LAKE PADGETT DR  
LAND O LAKES, FL 34639

**Current Mailing Address:**

1629 LYNSFIELD CT.  
LUTZ, FL 33549

**New Mailing Address:**

3229 LAKE PADGETT DR  
LAND O LAKES, FL 34639

FEI Number: 59-3406149

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CHALFANT, JAMES B  
1629 LYNSFIELD CT.  
LUTZ, FL 33549

**Name and Address of New Registered Agent:**

CHALFANT, JAMES B  
3229 LAKE PADGETT DR  
LAND O LAKES, FL 34639

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: \_\_\_\_\_

04/12/2002

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: CHALFANT, JAMES B  
Address: 1629 LYNSFIELD CT.  
City-St-Zip: LUTZ, FL 33549

Title: D ( ) Delete  
Name: CHALFAUT, KAREN  
Address: 1629 LYNSFIELD CT  
City-St-Zip: LUTZ, FL 33549

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: CHALFANT, JAMES B  
Address: 3229 LAKE PADGETT DR  
City-St-Zip: LAND O LAKES, FL 34639

Title: D (X) Change ( ) Addition  
Name: CHALFANT, KAREN  
Address: 3229 LAKE PADGETT DR  
City-St-Zip: LAND O LAKES, FL 34639

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES CHALFANT

PRES

04/12/2002

Electronic Signature of Signing Officer or Director

Date