

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000046827

1. Entity Name

COMPUTER NETWORKING CONCEPTS, INC.

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90907 009 ***150.00

Principal Place of Business

Mailing Address

10463 DOCKSIDER DRIVE WEST
JACKSONVILLE FL 32257

10463 DOCKSIDER DRIVE WEST
JACKSONVILLE FL 32257-6375

A0060707



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5991 CHESTER AVE

Suite, Apt. #, etc.

109

3. Mailing Address

5991 CHESTER AVE

Suite, Apt. #, etc.

109

City & State

JACKSONVILLE FL

City & State

JACKSONVILLE FL

Zip

32217

Country

DUVAL

Zip

32217

Country

DUVAL

4. FEI Number

59-3455731

Applied For

Not Applicable

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

KAMMERER, JAMES

5591 CHESTER AVENUE

JACKSONVILLE FL 32217

109

32217

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 ☐ Delete
NAME D
STREET ADDRESS CALKINS, CLIFFORD N
CITY-ST-ZIP 10463 DOCKSIDER DRIVE WEST
JACKSONVILLE FL 32257

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME V
STREET ADDRESS KAMMERER, JAMES
CITY-ST-ZIP 5991 CHESTER AVE #109
JACKSONVILLE FL 32217

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-18-00 904-448-5255

CR2E034 (9/99)