

2000 UNIFORM BUSINESS REPORT (UBR)DOCUMENT # **P99000026567**

1. Entity Name

COMPUTER SOFTWARE DYNAMICS, INC.**FILED****Aug 25, 2000 8:00 am**
Secretary of State

08-25-2000 90001 043 ***150.00

Principal Place of Business

**3350 E. ATLANTIC BLVD
SUITE 303
POMPANO BEACH FL**

Mailing Address

**3350 E. ATLANTIC BLVD
SUITE 303
POMPANO BEACH FL**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0908473

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

**LUNDBERG, PETER
3350 E. ATLANTIC BLVD
SUITE 303
POMPANO BEACH FL**

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 LUNDBERG, PETER**
STREET ADDRESS **3350 E. ATLANTIC BLVD. SUITE 303**
CITY-ST-ZIP **POMPANO BEACH FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIPTITLE ☐ 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 #

CR2E034 (5/00)

Attachment Doc#: P490000026561
00081108

Computer Software Dynamics, Inc

3350 E Atlantic Blvd 303
Pompano Beach FL 33062

8-25-00

Department of State:

Enclosed is \$150.00 as instructed by the Uniform Business Report Help. This is because I never received the January Business Report due to an acknowledged problem in your mailings and thus should only owe \$150.

Sincerely,


Peter C. Lundberg, President