

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000026567
 1. Entity Name
 COMPUTER SOFTWARE DYNAMICS, INC

FILED
Apr 24, 2001 8:00 am
Secretary of State
 04-24-2001 90028 031 ***158.75

Principal Place of Business Mailing Address
 3350 E ATLANTIC BLVD 303 3350 E ATLANTIC BLVD
 Pompano Beach FL 33062 SUITE 303
 Pompano Beach FL 33062

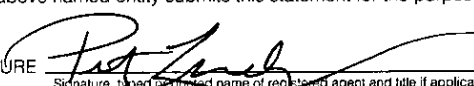
A0055003

2. Principal Place of Business 3. Mailing Address
 6412 N University Dr 6412 N University Dr
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 128 128

DO NOT WRITE IN THIS SPACE


City & State City & State 4. FEI Number Applied For
 TAMARAC FL TAMARAC FL 65-0908473 Not Applicable
 Zip Country Zip Country 5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required
 33321 USA 33321 USA

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
 Lundberg, Peter Name Peter Lundberg
 3350 E. Atlantic Blvd Street Address (P.O. Box Number is Not Acceptable)
 SUITE 303 6412 N UNIVERSITY DR
 Pompano Beach FL SUITE 128
 City TAMARAC FL Zip Code 33321

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  Peter Lundberg, Dir 4-10-01
 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. ☐ FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 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 | D | <input type="checkbox"/> Delete | TITLE | D/P | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LUNDBERG, PETER | | NAME | LUNDBERG, PETER | |
| STREET ADDRESS | 3350 E ATLANTIC BLVD 303 | | STREET ADDRESS | 6412 N UNIVERSITY DR 128 | |
| CITY-ST-ZIP | POMPAHO BEACH FL 33062 | | CITY-ST-ZIP | TAMARAC FL 33321 | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | 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:  Peter Lundberg, Dir 4-10-01 954-722-5283
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)