

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000034043

1. Entity Name

COMPUTER SOLUTIONS OF THE TREASURE COAST, INC.

R

FILED
Jul 26, 2000 8:00 am
Secretary of State

07-26-2000 90009 043 ***150.00

Principal Place of Business

1932 SE BURGUNDY LANE
PORT ST LUCIE FL 34952

Mailing Address

1932 SE BURGUNDY LANE
PORT ST LUCIE FL 34952

2. Principal Place of Business

611 SW Federal Hwy

Suite, Apt. #, etc.

Suite i

City & State

Stuart, FL

Zip

34994

Country

USA

3. Mailing Address

611 SW Federal Hwy

Suite, Apt. #, etc.

Suite i

City & State

Stuart, FL

Zip

34994

Country

USA



DO NOT WRITE IN THIS SPACE

65-0913079

4. FEI Number

65-0913079

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LAWSON, JOHN
1932 SE BURGUNDY LANE
PORT ST LUCIE FL 34952

7. Name and Address of New Registered Agent

Name

John Baker

Street Address (P.O. Box Number is Not Acceptable)

611 S Federal Hwy, Suite i

Stuart, FL

City

FL

Zip Code

34994

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

TITLE **D** ☐ Delete
NAME **BAKER, JOHN**
STREET ADDRESS **1932 SE BURGUNDY LANE**
CITY-ST-ZIP **PORT ST LUCIE FL 34952**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President/Director** ☐ Change ☒ Addition
NAME **Baker, John**
STREET ADDRESS **611 S Federal Hwy, Suite**
CITY-ST-ZIP **Stuart, FL 34994**

TITLE ☐ Change ☐ Addition
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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)

P9900003403

B 0103573

Attachment

Computer Solutions of the Treasure Coast, Inc.
611 SW Federal Highway, Suite I
Stuart, FL 34994-2925
(561) 283-8797

July 14, 2000

Division of Corporations
Uniform Business Report Filings
P O Box 1500
Tallahassee, FL 32302-1500

RE: Document #P99000034043

Dear Sir or Madam:


I am responding to your second notice for the 2000 Uniform Business Report (UBR).

I am requesting an abatement of penalty for late filing, as this is the first time I have had to renew my annual report. I understand how important this filing is and will be more diligent in the future.

I have enclosed a check for \$150.00. I hope this is acceptable to you.

Thank you for your time and consideration in this matter.

Sincerely,



John Baker