

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

COMPUTER PROGRAMMING UNIT SERVICES, INC. ✓

Principal Place of Business

Mailing Address

2. Principal Place of Business

2269 S. UNIVERSITY DRIVE

3. Mailing Address

2269 S. UNIVERSITY DRIVE

Suite, Apt. #, etc.

SUITE #369

Suite, Apt. #, etc.

SUITE #369

City & State

DAVIE, FL

City & State

DAVIE, FL

Zip
33324

Country
USA

Zip
33324

Country
USA

4. FEI Number

65-0925538

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TIMOTHY K. MABON
2929 EAST COMMERCIAL BOULEVARD
FORT LAUDERDALE, FL. 33308

7. Name and Address of New Registered Agent

Name
MICHAEL BRAULT

Street Address (P.O. Box Number is Not Acceptable)
7800 W. OAKLAND PARK BLVD. BLDG. "G"

SUNRISE

City
SUNRISE

FL

Zip Code
33351

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSD
SEAN MARCHESSAULT,
213 SOUTHEAST 3rd PLACE
DANIA, FL. 33004

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
HELENE GIGUERE
4111 S.W. 25th STREET
FORT LAUDERDALE, FL. 33317

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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 #

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90096 028 ***150.00

80038673

DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)