

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000078244

1. Entity Name
COMPUTER DEVELOPMENT ASSOCIATES, INC.

FILED
Jan 25, 2001 8:00 am
Secretary of State

01-25-2001 90008 007 ***150.00

Principal Place of Business
5834 MARINER STREET
TAMPA FL 33609

Mailing Address
5834 MARINER STREET
TAMPA FL 33609



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
11206 Fireside Dr
Suite, Apt. #, etc.

3. Mailing Address
11206 Fireside Dr
Suite, Apt. #, etc.

City & State
Tampa FL
Zip
33625
Country
USA

City & State
Tampa FL
Zip
33625
Country
USA

4. FEI Number 59-3596176
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCDANIEL, DENNIS G
5834 MARINER STREET
TAMPA FL 33609

7. Name and Address of New Registered Agent

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] DATE 1-11-01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 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 NAME STREET ADDRESS CITY-ST-ZIP | D MCDANIEL, DENNIS G 5834 MARINER STREET TAMPA FL 33609 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MCDANIEL, TERESA W 5834 MARINER STREET TAMPA FL 33609 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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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: TERESA W. MCDANIEL DATE 1-11-01 DAYTIME PHONE # 961-0431
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)