

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000087284

1. Entity Name

THE COMPUTER DUDES, INC

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90022 002 ***150.00

Principal Place of Business

Mailing Address

6555 TOM ROBERTS ROAD
 WORKSHOP #1
 TALLAHASSEE FL 32310

6555 TOM ROBERTS ROAD
 WORKSHOP #1
 TALLAHASSEE FL 32310-8057

2. Principal Place of Business

3. Mailing Address

450 ST FRANCIS ST
 Suite, Apt. #, etc.

450 ST. FRANCIS ST
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

Applied For

TALLAHASSEE, FL

TALLAHASSEE, FL

59-3618958

Not Applicable

Zip
 32301

Country
 USA

Zip
 32301

Country

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

BYARDS, TODD
 6555 TOM ROBERTS ROAD
 TALLAHASSEE FL 32310

CORRECTION
 →

Name TODD BYARDS
 Street Address (P.O. Box Number is Not Acceptable)
 6555 TOM ROBERTS ROAD
 City TALLAHASSEE FL Zip Code 32310

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

Todd W Byars

4/1/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME TODD BYARDS, PRESIDENT ☐ Delete
 STREET ADDRESS 6555 TOM ROBERTS ROAD
 CITY-ST-ZIP TALLAHASSEE FL 32310

TITLE
 NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME SANDY BYARDS, VICE PRES ☐ Delete
 STREET ADDRESS 6555 TOM ROBERTS ROAD
 CITY-ST-ZIP TALLAHASSEE FL 32310

TITLE
 NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Change ☐ Addition
 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:

Todd W Byars
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/1/00 (850) 980 2170

CR2E034 (9/99)