

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S05836

1. Entity Name

COMPUTER ASSIST UNLIMITED, INC.

FILED
Apr 14, 2000 8:00 am
Secretary of State

04-14-2000 90106 013 ***150.00

Principal Place of Business

4575 ST JOHNS AVE
JACKSONVILLE FL 32210

Mailing Address

PO BOX 14877
JACKSONVILLE FL 32238-1877
US

2. Principal Place of Business

417 Cassat Ave.

3. Mailing Address

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

City & State

4. FEI Number

59-3029098

Applied For

Not Applicable

Zip

Country

32254

US

Zip

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

SVENDSEN, EVERETT G.
5633 SWAMP FOX RD
JACKSONVILLE FL 32210

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, 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	P	<input type="checkbox"/> Delete
NAME	SVENDSEN, EVERETT G.	
STREET ADDRESS	5633 SWAMP FOX RD.	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	V	<input type="checkbox"/> Delete
NAME	SVENDSEN, PATSY B.	
STREET ADDRESS	5633 SWAMP FOX RD.	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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TITLE	D, T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Everett G. Svendsen, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/00

Date

904-779-0992

Daytime Phone #

Everett G. Svendsen

CR2E034 (9/99)