

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S75951

1. Entity Name

COMPUTER CUSTODIAL SERVICES, INC.

Principal Place of Business

6319 MARLBERRY DR
ORLANDO FL 32819
US

Mailing Address

6319 MARLBERRY DR
ORLANDO FL 32819-4737
US

2. Principal Place of Business

6851 Spring Rain Dr
Suite, Apt. #, etc.

3. Mailing Address

6851 Spring Rain Dr
Suite, Apt. #, etc.

City & State

ORLANDO, FL

City & State

ORLANDO FL

4. FEI Number

59-3089532

Applied For

Not Applicable

Country

Country

Zip

32819

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

HABER, MOREY
6319 MARLBERRY DR
ORLANDO FL 32819

Name Haber, Morey

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

6851 Spring Rain Drive

City Orlando

FL

Zip Code 32819

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)

3/16/00

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	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	D	HABER, MOREY	6319 MARLBERRY DR ORLANDO FL	<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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				<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> 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

3/16/00

Daytime Phone #

407 363 7037

CR2E034 (9/99)