## 2001 UNIFORM BUSINESS REPORT (UBR)

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

## Mar 01, 2001 8:00 am Secretary of State **DOCUMENT # \$75951** COMPUTER CUSTODIAL SERVICES, INC. 03-01-2001 90034 038 \*\*\*150.00 Principal Place of Business Mailing Address 6851 SPRING RAIN DR. 6851 SPRING RAIN DR. ORLANDO FL 32819 ORLANDO FL 32819 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3089532 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HABER, MOREY Street Address (P.O. Box Number is Not Acceptable) 6851 SPRING RAIN DR. ORLANDO FL 32819 Zip Code FL 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's gnature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (10/00) ☐ Delete TITLE Haber, Morey 6851 Spring Rain Drive Orlando, Florida 32819 HABER, MOREY NAME 6319 MARLBERRY DR STREET ADDRESS STREET ADDRESS ORLANDO FL CITY-ST-ZIP Change ☐ Delete TITLE Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IF CITY-SI-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP Delete TITLE Change ☐ Addition ĭITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS 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 logal 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

Haber 2/24/01

FILED