

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V08955

1. Entity Name

PROFESSIONAL COMPUTER SERVICES OF SOUTH FLORIDA,

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90018 024 ***150.00

Principal Place of Business

Mailing Address

11526 WILES RD
CORAL SPRINGS FL 33076
US

11526 WILES RD
CORAL SPRINGS FL 33076-2117
US

2. Principal Place of Business

12715 NW 19 MANOR

3. Mailing Address

→

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CORAL SPRINGS FL

City & State

CORAL SPRINGS FL

4. FEI Number

65-0321287

Applied For

Not Applicable

Zip

33071

Country

BROWARD

Zip

33071

Country

FL

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

BURTON, GERALD K.
2600 N MILITARY TRAIL
S-270
BOCA RATON FL 33431

Name

HARVEY MORROW

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

12715 NW 19 MANOR

City

CORAL SPRINGS FL

33071

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

HARVEY MORROW

4-14-00

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 D
NAME MORROW, HARVEY
STREET ADDRESS 11526 WILES ROAD
CITY-ST-ZIP CORAL SPRINGS FL 33076

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CITY-ST-ZIP

☐ Change ☐ 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

HARVEY MORROW

Date

Daytime Phone #

4/13/00

954 341 8312

CR2E034 (9/99)