

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90018 018 \*\*\*150.00

**DOCUMENT # F95000004598**

1. Entity Name  
**COMPUTER SYSTEM RESOLUTIONS CORP.**

00077147



DO NOT WRITE IN THIS SPACE

|  |         |  |         |
|--|---------|--|---------|
| Principal Place of Business            |         | Mailing Address  |         |
| DANIELS PKWY<br>#227<br>MYERS FL 33912 |         | 6900-29 DANIELS PKWY<br>SUITE 227<br>FORT MYERS FL 33912<br>US |         |
| 2. Principal Place of Business         |         | 3. Mailing Address   |         |
| Suite, Apt. #, etc.                    |         | Suite, Apt. #, etc.  |         |
| City & State                           |         | City & State   |         |
| Zip                                    | Country | Zip  | Country |

|                                  |                          |                                |                          |
|----------------------------------|--------------------------|--------------------------------|--------------------------|
| 4. FEI Number                    | 58-1751518               | Applied For                    | <input type="checkbox"/> |
|                                  |                          | Not Applicable                 | <input type="checkbox"/> |
| 5. Certificate of Status Desired | <input type="checkbox"/> | \$8.75 Additional Fee Required | <input type="checkbox"/> |

6. Name and Address of Current Registered Agent

**ELDRIGE, RANDY**  
**6900-29 DANIEL PKWY**  
**#227**  
**FORT MYERS FL 33912**

7. Name and Address of New Registered Agent

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: Randy C. Eldridge - RANDY C ELDRIDGE - PRESIDENT DATE: 4/20/00

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 |  |
|----------------------------|--|
| TITLE                      | <b>P</b> <input type="checkbox"/> Delete |
| NAME                       | <b>RANDY ELDRIDGE</b>                    |
| STREET ADDRESS             | <b>12181 HAMPTON GREENS COURT</b>        |
| CITY-ST-ZIP                | <b>FORT MYERS FL</b>                     |
| TITLE                      | <b>S</b> <input type="checkbox"/> Delete |
| NAME                       | <b>ELDRIDGE, CINDY</b>                   |
| STREET ADDRESS             | <b>6900-29 DANIELS PKWY #227</b>         |
| CITY-ST-ZIP                | <b>FORT MYERS FL 33912</b>               |
| TITLE                      | <input type="checkbox"/> Delete          |
| NAME                       |  |
| STREET ADDRESS             |  |
| CITY-ST-ZIP                |  |
| TITLE                      | <input type="checkbox"/> Delete          |
| NAME                       |  |
| STREET ADDRESS             |  |
| CITY-ST-ZIP                |  |
| TITLE                      | <input type="checkbox"/> Delete          |
| NAME                       |  |
| STREET ADDRESS             |  |
| CITY-ST-ZIP                |  |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|---|---|
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                     |
| NAME  |   |
| STREET ADDRESS  |   |
| CITY-ST-ZIP   |   |
| TITLE   | <b>S</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  | <b>CINDY ELDRIDGE</b>   |
| STREET ADDRESS  | <b>6900-29 DANIELS PKWY #234</b>  |
| CITY-ST-ZIP   | <b>FORT MYERS, FL 33912</b>   |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                     |
| NAME  |   |
| STREET ADDRESS  |   |
| CITY-ST-ZIP   |   |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                     |
| NAME  |   |
| STREET ADDRESS  |   |
| CITY-ST-ZIP   |   |
| 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: Randy C. Eldridge - RANDY C. ELDRIDGE DATE: 4/20/00 DAYTIME PHONE #: 941-768-7341

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR