

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90311 043 ***150.00

DOCUMENT # F95000004598

1. Entity Name

COMPUTER SYSTEM RESOLUTIONS CORP.

Principal Place of Business

**6900-29 DANIELS PKWY
 SUITE #227
 FORT MYERS FL 33912
 US**

Mailing Address

**6900-29 DANIELS PKWY
 SUITE 227
 FORT MYERS FL 33912
 US**

2. Principal Place of Business

6214 SADDLEHORN AVE
 Suite, Apt. #, etc.

3. Mailing Address

6214 SADDLEHORN AVE
 Suite, Apt. #, etc.

City & State

SARASOTA FL

City & State

SARASOTA, FL

4. FEI Number

58-1751518

Applied For

Not Applicable

Zip

34243

Country

FLORIDA

Zip

34243

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

ELDRIDGE, RANDY

6900-29 DANIEL PKWY

#227

FORT MYERS FL 33912

7. Name and Address of New Registered Agent

Name

RANDY ELDRIDGE

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

6214 SADDLEHORN AVE

City

SARASOTA

FL

Zip Code

34243

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 - President

4/27/02

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, 2002 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	P	<input type="checkbox"/> Delete
NAME	RANDY ELDRIDGE	
STREET ADDRESS	12181 HAMPTON GREENS COURT	
CITY-ST-ZIP	FORT MYERS FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	ELDRIDGE, CINDY	
STREET ADDRESS	6800 - 29 DANIELS PKWY #227	
CITY-ST-ZIP	FORT MYERS FL 33912	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RANDY ELDRIDGE	
STREET ADDRESS	6214 SADDLEHORN AVE	
CITY-ST-ZIP	SARASOTA, FL 34243	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ADRIENNE SIMMONDS	
STREET ADDRESS	6214 SADDLEHORN AVE	
CITY-ST-ZIP	SARASOTA, FL 34243	
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		
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
 President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/27/02

Daytime Phone #

342-4207

CR2E034 (9/01)