

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000004598

1. Entity Name

COMPUTER SYSTEM RESOLUTIONS CORP.



FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90256 012 ***150.00

Principal Place of Business

6214 SADDLEHORN AVE
SARASOTA FL 34243
US

Mailing Address

6214 SADDLEHORN AVE
SARASOTA FL 34243
US

2. Principal Place of Business

637 182nd AVE EAST

Suite, Apt. #, etc.

3. Mailing Address

637 182nd AVE EAST

Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

Redington SHORES FLORIDA

City & State

Redington SHORES, FLORIDA

Zip

33708

Country

US

Zip

33708

Country

US

4. FEI Number

58-1751518

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ELDRIDGE, RANDY
6214 SADDLEHORN AVE
SARASOTA FL 34243

ADDRESS
CHANGE

7. Name and Address of New Registered Agent

Name

ELDRIDGE, RANDY

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

637 182nd AVE EAST

City

Redington SHORES

FL

Zip Code

33708

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Randy C. Eldridge - Pres.

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/28/03

4/28/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME RANDY ELDRIDGE
STREET ADDRESS 6214 SADDLEHORN AVE
CITY-ST-ZIP SARASOTA FL 34243 ☐ Delete

TITLE S
NAME SIMMONDS, ADRIENNE
STREET ADDRESS 6214 SADDLEHORN AVE
CITY-ST-ZIP SARASOTA FL 34243 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME RANDY ELDRIDGE
STREET ADDRESS 637 182nd AVE EAST
CITY-ST-ZIP Redington SHORES, FLORIDA 33708 ☒ Change ☐ Addition

TITLE S
NAME ADRIENNE ELDRIDGE
STREET ADDRESS 637 182nd AVE EAST
CITY-ST-ZIP Redington SHORES, FLORIDA 33708 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Randy C. Eldridge - Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/03

Date

727-394-9242

Daytime Phone #

CR2E034 (10/02)