

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000005704

1. Entity Name
CSR AMERICA, INC.

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90170 003 ***150.00

Principal Place of Business
1501 BELVEDERE ROAD
WEST PALM BEACH FL 33406
US

Mailing Address
1501 BELVEDERE ROAD
WEST PALM BEACH FL 33406
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **58-1416933**

Applied For
Not Applicable

Zip Country

Zip Country

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

WOOD, SCOTT
1501 BELVEDERE ROAD
WEST PALM BEACH FL 33406

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 _____ (NOTE: Registered Agent signature required when reinstating) 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, 2001 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	V	<input type="checkbox"/> Delete
NAME	ZERN, MICHAEL R	
STREET ADDRESS	1501 BELVEDERE ROAD	
CITY-ST-ZIP	WEST PALM BEACH FL 33406	
TITLE	DP	<input type="checkbox"/> Delete
NAME	CLARKE, DAVID V	
STREET ADDRESS	1501 BELVEDERE ROAD	
CITY-ST-ZIP	WEST PALM BEACH FL 33406	
TITLE	D	<input type="checkbox"/> Delete
NAME	CRISER, MARSHALL	
STREET ADDRESS	1501 BELVEDERE ROAD	
CITY-ST-ZIP	WEST PALM BEACH FL 33406	
TITLE	V	<input type="checkbox"/> Delete
NAME	STUMP, BLAIR E	
STREET ADDRESS	1501 BELVEDERE ROAD	
CITY-ST-ZIP	WEST PALM BEACH FL 33406	
TITLE	S	<input type="checkbox"/> Delete
NAME	FOWLER, BRYAN J	
STREET ADDRESS	1501 BELVEDERE ROAD	
CITY-ST-ZIP	WEST PALM BEACH FL 33406	
TITLE	T	<input type="checkbox"/> Delete
NAME	BURMEISTER, THOMAS	
STREET ADDRESS	1501 BELVEDERE RD	
CITY-ST-ZIP	WEST PALM BEACH FL 33406	

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: *Michael R Zern* 1/25/01 561-822 8332

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)