

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J04229

1. Entity Name

COMPUTER SERVICES AND TRAINING, INC.

**FILED**  
**Mar 14, 2000 8:00 am**  
**Secretary of State**

03-14-2000 90024 020 \*\*\*150.00

Principal Place of Business KEY WEST PROFESSIONAL CENTER BUILDING "G" FT. MYERS FL 33907	Mailing Address 1342 COLONIAL BLVD SUITE <del>512</del> 512 FORT MYERS FL 33907-1090
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512  
Cokay



DO NOT WRITE IN THIS SPACE

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 59-2677025	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  HARRELL-SESNAK, MARY 5460 BEAUJOLAIS LANE S.W. FT. MYERS FL 33919
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7. Name and Address of New Registered Agent	
Name Mary Harrell-Sesnak	
Street Address (P.O. Box Number is Not Acceptable) 6171 Tidewater Island Cir	
City Fort Myers	FL Zip Code 33908

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 <i>Thomas J. Sesnak</i>	(NOTE: Registered Agent signature required when reinstating)	DATE
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9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	<p><b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b></p>	<p>10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/></p> <p><b>\$5.00 May Be Added to Fees</b></p>
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11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HARREL-SESNAK, THOMAS 5460 BEAUJOLAIS LANE SW FT. MYERS FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HARRELL-SESNAK, MARY 5460 BEAUJOLAIS LANE SW FT. MYERS FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	HARRELL-SESNAK THOMAS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6171 TIDEWATER ISLAND CIR FT. MYERS 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	HARRELL-SESNAK MARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6171 TIDEWATER ISLAND CIR FT. MYERS 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Mary Harrell-Sesnak</i>	1-7-2000	941-931-6279
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #