

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J11517

1. Entity Name

COMPUTER RESOURCE SERVICE, INC.

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90105 044 ***150.00

Principal Place of Business

Mailing Address

458 CITRUS LN
P.O. BOX 5016
MAITLAND FL 32751
US

PO BOX 5016
WINTER PARK FL 32793-5016
US

2. Principal Place of Business

458 Citrus LANE

Suite, Apt. #, etc.

3. Mailing Address

458 CITRUS LANE

Suite, Apt. #, etc.

City & State

MAITLAND FLORIDA

City & State

MAITLAND FLORIDA

Zip

32751

Country

SEMINOLE

Zip

32751

Country

SEMINOLE

4. FEI Number

59-2701556

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FOX, JOYCE -
458 CITRUS LN
MAITLAND FL 32751

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

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

(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, 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 ☐ Delete
NAME FOX, JOYCE
STREET ADDRESS 458 CITRUS LN
CITY-ST-ZIP MAITLAND FL

TITLE ☐ Delete
NAME PD
STREET ADDRESS GRAVETTE, REBECCA
CITY-ST-ZIP 458 CITRUS LN
MAITLAND FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE ☐ Change ☐ 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:

Signature
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-2000 (407) 657-6991
Date Daytime Phone #