

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# K67967

FILED  
Apr 21, 2003  
Secretary of State

Entity Name: CSI SOFTWARE, INC.

## Current Principal Place of Business:

4121 CENTER GATE BLVD  
SARASOTA, FL 34233 US

## New Principal Place of Business:

## New Mailing Address:

4121 CENTER GATE BLVD  
SARASOTA, FL 34233 US

## Current Mailing Address:

5824 BEE RIGDE RD  
STE 304  
SARASOTA, FL 34233 US

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DAVIS, GARY R.  
4121 CENTER GATE BLVD  
SARASOTA, FL 34233 US

## Name and Address of New Registered Agent:

DAVIS, GARY R MR  
4121 CENTER GATE BLVD  
SARASOTA, FL 34233 US

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: GARY R DAVIS

04/21/2003

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( )

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: DAVIS, GARY R.,  
Address: 4121 CENTER GATE BLVD  
City-St-Zip: SARASOTA, FL

Title: DV ( ) Delete  
Name: DAVIS, WENDY,  
Address: 4121 CENTER GATE BLVD.  
City-St-Zip: SARASOTA, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition  
Name: DAVIS, GARY R MR  
Address: 4121 CENTER GATE BLVD  
City-St-Zip: SARASOTA, FL 34233 US

Title: DV (X) Change ( ) Addition  
Name: DAVIS, WENDY MRS  
Address: 4121 CENTER GATE BLVD  
City-St-Zip: SARASOTA, FL 34233 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY R DAVIS

DP

04/21/2003

Electronic Signature of Signing Officer or Director

Date