

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000052453

1. Entity Name:

COMPUTER SOFTWARE CONCEPTS, INC.

FILED
Jun 04, 2001 8:00 am
Secretary of State

06-04-2001 90010 018 ***150.00

0356772

Principal Place of Business

10200 GANDY BOULEVARD
SUITE 1213
SAINT PETERSBURG FL 32822

Mailing Address

10200 GANDY BOULEVARD
SUITE 1213
SAINT PETERSBURG FL 32822

661181



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10200 GANDY BOULEVARD
SUITE, Apt. #, etc.
#1213.

3. Mailing Address

10200 GANDY BOULEVARD
SUITE, Apt. #, etc.
#1213.

City & State

St. Petersburg FL.

City & State

St. Petersburg FL.

4. FEI Number

59-3648469

Applied For

Not Applicable

Zip

33702

Country

USA.

Zip

33702

Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name
Spiegel & Utrera P.A.
Street Address (P.O. Box Number is Not Acceptable)
343 ALMERIA AVENUE
CORAL GABLES FL.
City
FL Zip Code
33134

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.

(NOT)

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
After MAY 1, 2001
Fee is \$150.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
BIRKS, STEPHEN F
10200 GANDY BOULEVARD SUITE 1213
SAINT PETERSBURG FL 32822 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
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CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE
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CITY-ST-ZIP
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CITY-ST-ZIP
☐ Change ☐ 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: Stephen F. Birks Stephen F. Birks

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/31/01 (727) 570-8183

Date

Daytime Phone #

CR2034 (10/00)