

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

03 MAY -1 AM 5:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P02000039256*

1. Entity Name

Certified Systems Experts-Florida, Inc



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
11115 Silver Ridge St

3. Mailing Address
11115 Silver Ridge St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Lake Worth

City & State
Lake Worth FL

4. FEI Number 74-3051993

Applied For
Not Applicable

Zip
33467

Country
USA

Zip
33467

Country
USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

2003 UBR *✱*

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Robert Beardsley

Street Address (P.O. Box Number is Not Acceptable)

11115 Silver Ridge St

City Lake Worth

FL Zip Code 33467

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President, Robert E Beardsley
11115 Silver Ridge St
Lake worth, FL 33467

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
100020428191
06/03/03--01047--035 **150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice President, Mary Beardsley
11115 Silver Ridge St
Lake worth, FL 33467

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT E Beardsley

Date

4/15/03

Daytime Phone #

561 644 6207

CR2E034B (12/02)