

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000036277

1. Entity Name

COMPUTER SOLUTIONS & SERVICES, INC.

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90306 014 ***158.75

Principal Place of Business

2113 HARBOURSIDE DRIVE
 LONGBOAT KEY FL 34228
 US

Mailing Address

P.O. BOX 8189
 LONGBOAT KEY FL 34242-2973
 US

2. Principal Place of Business

8911 Midnight Pass Rd.

Suite, Apt. #, etc.

315

City & State

Sarasota, FL

Zip

34242

Country

Sarasota

3. Mailing Address

8911 Midnight Pass Rd.

Suite, Apt. #, etc.

315

City & State

Sarasota, FL

Zip

34242

Country

Sarasota



DO NOT WRITE IN THIS SPACE

4. FEI Number

14-1761348

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

BRIDGEFORD, LINDA C
 2113 HARBOURSIDE DR
 LONGBOAT KEY FL 34228

7. Name and Address of New Registered Agent

Name John E. Bridgeford

Street Address (P.O. Box Number is Not Acceptable)
8911 Midnight Pass Rd.

Unit 315

City

Sarasota

FL

Zip Code

34242

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

John E. Bridgeford

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

(NOTE: Registered Agent signature required when reinstating)

4/27/00

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	PD	<input type="checkbox"/> Delete
NAME	BRIDGEFORD, JOHN E	
STREET ADDRESS	2113 HARBOURSIDE DR	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	
TITLE	STDC	<input type="checkbox"/> Delete
NAME	BRIDGEFORD, LINDA C.	
STREET ADDRESS	2113 HARBOURSIDE DR	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John Bridgeford	
STREET ADDRESS	8911 Midnight Pass Rd, #315	
CITY-ST-ZIP	Sarasota, FL 34242	
TITLE	STDC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Linda C. Bridgeford	
STREET ADDRESS	8911 Midnight Pass Rd. #315	
CITY-ST-ZIP	Sarasota, FL 34242	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/00

DATE

941-312-9231

DAYTIME PHONE #

CR2 014 (1/98)