

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90130 026 ***150.00

DOCUMENT # P93000062374

1. Entity Name

COMPUTER RESOURCE CENTER, INC.

Principal Place of Business

**202 CANTON ROAD
 SUITE 202
 CUMMING GA 30040
 US**

Mailing Address

**562 LAKELAND PLAZA
 #249
 CUMMING GA 30040
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**327 Dehlonga Hwy
 Suite, Apt. #, etc.
 #502**

3. Mailing Address

**562 Lakeland Plaza
 Suite, Apt. #, etc.
 #249**

City & State

Cumming, GA

City & State

Cumming, GA

Zip

30040

Country

USA

Zip

30040

Country

USA

4. FEI Number

59-3204689

Applied For

☒ Net Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**GERACE, ELIZABETH
 4711 S HINES AVE
 #2210
 TAMPA FL 33611**

7. Name and Address of New Registered Agent

Name **Michael C. Perry**

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

8744 GALL BLVD. #4

City

ZEPHYRHILLS,

FL

Zip Code

33541

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 **Michael C. Perry, MICHAEL C. PERRY**

4/19/02

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, 2002 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 **PS** ☐ Delete
 NAME **GERACE, ROBERT F.**
 STREET ADDRESS **2160 MIDWAY DR**
 CITY-ST-ZIP **CUMMING GA 30040**

TITLE **VP** ☐ Delete
 NAME **GERACE, DEBRA J.**
 STREET ADDRESS **2160 MIDWAY DR**
 CITY-ST-ZIP **CUMMING GA 3**

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 **Cumming, GA 30040**
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **562 Lakeland Plaza, #249**
 CITY-ST-ZIP **Cumming, GA 30040**

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
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 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: **Debra J. Gerace, VP** **4-17-02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)