

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000019816

1. Entity Name

COMPUTER SERVICE SOURCE, INC.

FILED

May 03, 2000 8:00 am  
Secretary of State

05-03-2000 90077 029 \*\*\*150.00

Principal Place of Business

19808 GARDENIA DR.  
TEQUESTA FL 33469

Mailing Address

19808 GARDENIA DR.  
TEQUESTA FL 33469-2182

2. Principal Place of Business

19808 Gardenia Drive  
Suite, Apt. #, etc.

3. Mailing Address

19808 Gardenia Drive  
Suite, Apt. #, etc.

City & State

Tequesta, Fl

City & State

Tequesta, Fl

Zip

33469

Country

USA

Zip

33469

Country

USA

4. FEI Number

65-0479806

Applied For

Not Applicable

5. Certificate of Status Desired ☒ ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LYNCH, FRANCIS X. J  
340 ROYAL POINCIANA PLAZA  
PALM BEACH FL 33480

Name

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

City

FL

Zip Code

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

*Paul Fleming*

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

(NOTE: Registered Agent signature required when reinstating)

4/24/2000

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PS  
NAME FLEMING, PAUL D  
STREET ADDRESS 19808 GARDENIA DR.  
CITY-ST-ZIP TEQUESTA FL 33469-2182 ☐ Delete

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

TITLE TD  
NAME FLEMING, PAUL D  
STREET ADDRESS 19808 GARDENIA DR.  
CITY-ST-ZIP TEQUESTA FL 33469-2182 ☐ Delete

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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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:

*Paul Fleming* Paul Fleming

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/24/00

Daytime Phone #

561-747-0692