

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000107448

1. Entity Name

SYSTEMS RESOURCE GROUP, INC.

FILED
Jan 21, 2000 8:00 am
Secretary of State

01-21-2000 90068 043 ***150.00

Principal Place of Business

Mailing Address

2930 SALEM AVE
SARASOTA FL 34232

2930 SALEM AVE
SARASOTA FL 34232-5118

2. Principal Place of Business

4907 POST POINTE DR

3. Mailing Address

4907 POST POINTE DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

SARASOTA FL

City & State

SARASOTA FL

4. FEI Number

65-0889340

Applied For

Not Applicable

Zip

34233

Country

SARASOTA

Zip

34233

Country

SARASOTA

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

CAVANAUGH, TIMOTHY J
2930 SALEM AVE
SARASOTA FL 34232

Name

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

4907 POST POINTE DR

City

SARASOTA

FL

Zip Code

34233

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

(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, 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 ☐ Delete
NAME P
STREET ADDRESS CAVANAUGH, TIMOTHY J
CITY-ST-ZIP 2930 SALEM AVE
SARASOTA FL 34232

TITLE ☒ Change ☐ Addition
NAME 4907 POST POINTE DR
STREET ADDRESS SARASOTA FL 34233
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 19.07(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:

TIMOTHY J. CAVANAUGH PRESIDENT

1/12/00 941-929-9510

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)