

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

503251900023
9/4/2003-90036-029-\$55.00-\$55.00

FILED

2003 OCT -8 PM 12:13

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



CHECK HERE IF MAKING CHANGES

DOCUMENT # L02000002289					
1. Entity Name SOFTWARE BUSINESS TOOLS, LLC					
Principal Place of Business 2900 N. ATLANTIC AVE. SUITE 1101 DAYTONA BEACH FL 32119			Mailing Address 2900 N. ATLANTIC AVE. SUITE 1101 DAYTONA BEACH FL 32119		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
4. FEI Number		Applied For <input checked="" type="checkbox"/> Not Applicable			
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent HOWELL, RONALD L 2900 N. ATLANTIC AVE. SUITE 1101 DAYTONA BEACH FL 32118				7. Name and Address of New Registered Agent	
Name				Name	
Street Address (P.O. Box Number is Not Acceptable)				Street Address (P.O. Box Number is Not Acceptable)	
City				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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE <i>Mc/2m</i> NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT RONALD L HOWELL 2900 N ATLANTIC AVE. SUITE 1101 DAYTONA BEACH, FL 32118	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: **Ronald L Howell** *Ronald L Howell* **Aug 22, 2003** 386.612.6156
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE _____
RONALD L. HOWELL *Ronald L Howell* **Sept, 30, 2003**

CR2E083 (4/03)