

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 26, 2001 08:00 AM**
Secretary of State**DOCUMENT # P94000001869**1. Entity Name
SUNBELT SOFTWARE DISTRIBUTION, INC.

Principal Place of Business

101 N GARDEN AVE
SUITE 230
CLEARWATER
33755

US

FL

Mailing Address

101 N GARDEN AVE
SUITE 120
CLEARWATER
33755

US

FL

2. Principal Place of Business

101 N GARDEN AVE

3. Mailing Address

Suite, Apt. #, etc.
SUITE 120

Suite, Apt. #, etc.

City & State
CLEARWATER

FL

City & State

Zip
33755Country
US

Zip

Country

4. FEI Number
59-3322207Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

JACOBSON RICHARD A
501 E. KENNEDY BLVD.
SUITE 1700
TAMPA
33602

US

FL

7. Name and Address of New Registered Agent

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 _____ DATE **04/26/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	EP	☐ Delete
NAME	SJOUWERMAN STU	
STREET ADDRESS	1704 SHERWOOD ST	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	DPTS	☐ Delete
NAME	MURCIANO JO	
STREET ADDRESS	116-118 AVE. PAUL DOUMER, 92563 RUEIL-MAL.	
CITY-ST-ZIP	PARIS, FRANCE	
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	DPTS	☒ Change ☐ Addition
NAME	SJOUWERMAN STU	
STREET ADDRESS	1704 SHERWOOD ST	
CITY-ST-ZIP	CLEARWATER FL 33755	
TITLE	C	☒ Change ☐ Addition
NAME	MURCIANO JO	
STREET ADDRESS	116-118 AVE. PAUL DOUMER, 92563 RUEIL-MAL.	
CITY-ST-ZIP	PARIS, FRANCE FR	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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: Stu Sjouwerman

DPTS 04/26/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)