

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90004 039 ***150.00

0067754 AV

DOCUMENT # P98000013057

1. Entity Name
TIDALWAVE SOFTWARE, INC.

Principal Place of Business

**2718 TALOVA DR
 ORLANDO FL 32837**

Mailing Address

**2718 TALOVA DR
 ORLANDO FL 32837**

2. Principal Place of Business

933 VICTORIA TER

3. Mailing Address

933 VICTORIA TER

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ALTAMONTE SPRINGS, FL

City & State

ALTAMONTE SPRINGS, FL

Zip

32701-7308

Country

US

Zip

32701-7308

Country

US

4. FEI Number

59-3496697

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**METHVEN, ROBERT J
 2718 TALOVA DR
 ORLANDO FL 32837**

7. Name and Address of New Registered Agent

Name

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

933 VICTORIA TER

City

ALTAMONTE SPRINGS

FL

Zip Code

32701-7308

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, 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 **D** ☐ Delete
 NAME **METHVEN, ROBERT J**
 STREET ADDRESS **2718 TALOVA DR**
 CITY-ST-ZIP **ORLANDO FL 32837**

TITLE **D** ☐ Delete
 NAME **METHVEN, JANET R**
 STREET ADDRESS **2718 TALOVA DR**
 CITY-ST-ZIP **ORLANDO FL 32837**

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 **933 VICTORIA TER**
 CITY-ST-ZIP **ALTAMONTE SPRINGS, FL 32701-7308**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS **933 VICTORIA TER**
 CITY-ST-ZIP **ALTAMONTE SPRINGS, FL 32701-7308**

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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 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:

Robert J. Methven
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/02 407-834-3643
 Date Daytime Phone #

CR2E034 (9/01)