

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90447 013 ***150.00

DOCUMENT # P98000084104

1. Entity Name

INFOSAVVY SOFTWARE GROUP, INC.

Principal Place of Business

Mailing Address

**9645 BAYMEADOWS RD.
 #942
 JACKSONVILLE FL 32256**

**9645 BAYMEADOWS RD.
 #942
 JACKSONVILLE FL 32256**

2. Principal Place of Business

2884 TENNIS CLUB DR.

3. Mailing Address

2884 TENNIS CLUB DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

702

702

City & State
**WEST PALM BEACH
 JACKSONVILLE, FL**

City & State
WEST PALM BEACH, FL

Zip

Country

Zip

Country

33417

U.S.

33417

U.S.A.



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3536567

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

**AMERILAWYER
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134**

Name
RONAK C. SHAH

Street Address (P.O. Box Number is Not Acceptable)
2884 TENNIS CLUB DR

702

City
WEST PALM BEACH

FL

Zip Code
33417

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 Ronak C. Shah

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

(NOTE: Registered Agent signature required when reinstating)

4/27/2001

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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 **PSTD** Delete
 NAME **SHAH, AMIT J**
 STREET ADDRESS **4645 BAYMEADOWS RD #942**
 CITY-ST-ZIP **JACKSONVILLE FL 32256**

TITLE **PSTD** Change Addition
 NAME **SHAH, AMIT J**
 STREET ADDRESS **2884 TENNIS CLUB DR #702**
 CITY-ST-ZIP **WEST PALM BEACH FL 33417**

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
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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:

Amit Shah

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/2001

DATE

609-977-6777

DAYTIME PHONE #

CR2E034 (10/00)