2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State
03-25-2002 90189 001 ***150.00

DOCUMENT # P99000104843

1. Entity Name
SOFTWARESISTER.COM, INC.

Principal Place of Business	Mailing Address
4728 E. MICHIGAN ST.. SUITE 6 ORLANDO FL 32812	4728 E. MICHIGAN ST.. SUITE 6 ORLANDO FL 32812

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
3936 S. Semoran Blvd		3936 S. Semoran Blvd.	
Suite, Apt. #, etc. 280		Suite, Apt. #, etc. 280	
City & State Orlando FL		City & State Orlando FL	
Zip 32822	Country USA	Zip 32822	Country USA

4. FEI Number 59-3614387 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MILES, EMORY B
4728 E. MICHIGAN ST., SUITE 6
ORLANDO FL 32812

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 Emory B. Miles President 3/11/02
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILES, EMORY B 4728 E. MICHIGAN ST., SUITE 6 ORLANDO FL 32812	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (9/01)

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: Emory B. Miles President 3/11/02 407 382 3163
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #