

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 11, 2001 8:00 am**  
**Secretary of State**

04-11-2001 90082 037 \*\*\*150.00

0081539

**DOCUMENT # S74617**

1. Entity Name

**CONTACT PLUS SOFTWARE CORPORATION**

Principal Place of Business

**1909 AIRPORT BLVD  
 MELBOURNE FL 32901  
 US**

Mailing Address

**P.O. BOX 372577  
 SATELLITE BEACH FL 32937  
 US**

2. Principal Place of Business

**P.O. BOX 372577**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**SATELLITE BEACH, FL**

City & State

4. FEI Number **59-3080851**

Applied For  
 Not Applicable

Zip

**32937**

Country

**USA**

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**FRESE, GARY B.  
 930 S. HARBOR CITY BLVD.  
 SUITE 505  
 MELBOURNE FL 32901**

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 \_\_\_\_\_  
 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, 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<b>EDMUND L TRUJILLO</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TRUJILLO, EDMUND L</b>	NAME	<b>1643 SWEETWOOD DR</b>
STREET ADDRESS	<b>1909 AIRPORT BLVD</b>	STREET ADDRESS	<b>MELBOURNE, FL 32935</b>
CITY-ST-ZIP	<b>MELBOURNE FL 32901</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<b>1643 SWEETWOOD DR</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TRUJILLO, DONNA R.</b>	NAME	<b>MELBOURNE FL 32935</b>
STREET ADDRESS	<b>1909 AIRPORT BLVD.</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MELBOURNE FL 32901</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Donna R Trujillo*

Date

Daytime Phone #

*4/4/2001 321 984 2592*

CR2E034 (10/00)