

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P19000068030

**Entity Name:** BIVENS ARM SOFTWARE SERVICES, INC.

**Current Principal Place of Business:**

4231 SW 82ND TER  
GAINESVILLE, FL 32608

**Current Mailing Address:**

7257 NW 4TH BLVD  
#13  
GAINESVILLE, FL 32607 US

**FEI Number:** 84-2931411

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CARLSON, CURTIS D SR  
ONE S.E. THIRD AVENUE  
SUITE 1200  
MIAMI, FL 33131 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name CARLSON, CURTIS D JR  
Address 4231 SW 82ND TER  
City-State-Zip: GAINESVILLE FL 32608

Title T  
Name CARLSON, CURTIS D JR  
Address 4231 SW 82ND TER  
City-State-Zip: GAINESVILLE FL 32608

Title S  
Name CARLSON, CURTIS D JR  
Address 4231 SW 82ND TER  
City-State-Zip: GAINESVILLE FL 32608

Title D  
Name CARLSON, CURTIS D JR  
Address 4231 SW 82ND TER  
City-State-Zip: GAINESVILLE FL 32608

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** CURTIS CARLSON JR

**PRESIDENT**

**04/29/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date