

2000 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jun 30, 2000 8:00 am
Secretary of State

06-30-2000 90003 045 ***550.00

DOCUMENT # 586430

1. Entity Name

BASIC ONLINE SOFTWARE SYSTEMS CORPORATION

Principal Place of Business

Mailing Address

5010 TAMPA W. BLVD.
TAMPA FL 33634P.O. BOX 22412
TAMPA FL 33622-2412

0000000000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1843755

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Name

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

City

FL

Zip Code

MACPHERSON, DOUGLAS D.
5010 TAMPA W. BLVD.
TAMPA, FL CFL 33634

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. 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	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PD	MACPHERSON, DOUGLAS D	5010 TAMPA W. BLVD.	TAMPA FL 33634	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
DT	DANNER, MARC L	12657 109TH ST	LARGO, FL 00000	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
SD	MACPHERSON, LYNDIA L	5010 TAMPA W. BLVD.U 105	TAMPA FL 33634	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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

Lyndia L. MacPherson

6/24/00

Date

813-886-8321

Daytime Phone #