

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 678309

1. Entity Name

SCIENTIFIC SOFTWARE ENGINEERING, INC.

FILED

Feb 09, 2000 8:00 am
Secretary of State

02-09-2000 90378 023 ***150.00

Principal Place of Business 375 S. COURTENAY PKWY. SUITE 2 MERRITT ISLAND FL 32952 US	Mailing Address 375 S. COURTENAY PKWY. SUITE 2 MERRITT ISLAND FL 32952-4868 US
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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DO NOT WRITE IN THIS SPACE

4. FEI Number	59-2015031	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LUDWIG, GERALD E
502 COCOA ISLES BLVD.
COCOA BEACH FL 32931

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
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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 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	DPT	<input type="checkbox"/> Delete
NAME	LUDWIG, GERALD E.	
STREET ADDRESS	502 COCOA ISLES BLVD	
CITY-ST-ZIP	COCOA BCH FL	
TITLE	VS	<input type="checkbox"/> Delete
NAME	BOOE, CINDY A.	
STREET ADDRESS	502 COCA ISLES	
CITY-ST-ZIP	COCOA BCH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DPT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUDWIG, GERALD E.	
STREET ADDRESS	10285 S. Tropical Trail	
CITY-ST-ZIP	Merritt Island, FL 32952	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOOE, CINDYAA.	
STREET ADDRESS	10285 S. Tropical Trail	
CITY-ST-ZIP	Merritt Island, FL 32952	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LUDWIG, CARROLL A.	
STREET ADDRESS	5420 Lake Edge Drive	
CITY-ST-ZIP	Holly Springs, NC 27540	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Gerald E. Ludwig* 2/1/00 321-459-0711
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)