

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90953 036 ***150.00

0029011 AV

DOCUMENT # F00000000062

1. Entity Name
MTC SOFTWARE, INC.



Principal Place of Business
**PMB 111, 1940 KINGS HIGHWAY
PORT CHARLOTTE FL 33980**

Mailing Address
**PMB 111, 1940 KINGS HIGHWAY
PORT CHARLOTTE FL 33980**

2. Principal Place of Business
Port Charlotte

3. Mailing Address
PMB 111, 1940 Kings Hwy

Suite, Apt. #, etc.
PMB 111

Suite, Apt. #, etc.

City & State
1940 Kings Highway

City & State
Port Charlotte FL

Zip
33980

Country
Charlotte

Zip
33980

Country
USA

4. FEI Number
61-1283531

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *George E. Stung*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-2-03

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	STUNG, GEORGE E DR.	
STREET ADDRESS	25351 VANTAGE LANE	
CITY-ST-ZIP	PUNTA GORDA FL 33983	
TITLE	ST	<input type="checkbox"/> Delete
NAME	GREENWELL, R. DAN	
STREET ADDRESS	310 WHITTINGTON PARKWAY	
CITY-ST-ZIP	LOUISVILLE KY 40222	
TITLE	CD	<input type="checkbox"/> Delete
NAME	ROSS, J DR.	
STREET ADDRESS	OWENSBORO SURGERY CNTR, 1100 WALNUT STREET	
CITY-ST-ZIP	OWENSBORO KY 42301	
TITLE	D	<input type="checkbox"/> Delete
NAME	COX, RANDY DR.	
STREET ADDRESS	2315 MAYFAIR AVENUE, SUITE 18.	
CITY-ST-ZIP	OWENSBORO KY 42301	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *George E. Stung*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-2-03

841-766-1843

CR2E034 (10/02)