

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 14, 2001 8:00 am  
Secretary of State

05-14-2001 90021 036 \*\*\*150.00

DOCUMENT # F00000002408

1. Entity Name

PACIFIC EDGE SOFTWARE, INC.

Principal Place of Business

803 KIRKLAND AVENUE  
KIRKLAND WA 98033

Mailing Address

803 KIRKLAND AVENUE  
KIRKLAND WA 98033

2. Principal Place of Business

2606 116th AVE NE, SUITE 100

3. Mailing Address

2606 116th AVE NE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 100

City & State

BELLEVUE, WA

City & State

BELLEVUE WA

Zip

98004

Country

KING

Zip

98004

Country

KING

4. FEI Number

91-1882666

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SMITH, CRAIG  
100 SECOND AVENUE S., #200 SOUTH  
ST PETERSBURG FL 33701

7. Name and Address of New Registered Agent

Name

HOWARD, GEORGE

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

525 GOLDEN LINKS DRIVE

City

ORANGE PARK

FL

Zip Code

32073

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO HJORTEN, LISA 803 KIRKLAND AVENUE KIRKLAND WA 98033	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCTO FULLER, SCOTT 803 KIRKLAND AVENUE KIRKLAND WA 98033	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO ADAMS, NIKKI 803 KIRKLAND AVENUE KIRKLAND WA 98033	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO DICKERSON, ROBERT 2606 116th AVE NE, SUITE 100 BELLEVUE, WA 98004	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCTO FULLER, SCOTT 2606 116th AVE NE, SUITE 100 BELLEVUE, WA 98004	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO ADAMS, NIKKI 2606 116th AVE NE, SUITE 100 BELLEVUE, WA 98004	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

4/23/01

Date

425-897-8800

Daytime Phone #

CR2E034 (10/00)