

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2002 8:00 am
Secretary of State

03-07-2002 90033 023 ***150.00

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DOCUMENT # F00000002921

1. Entity Name

SIGMASOFT INTERNATIONAL, INC.

Principal Place of Business

2770 SOUTH HORSESHOE DR., STE 5
 NAPLES FL 34104

Mailing Address

2770 SOUTH HORSESHOE DR., STE 5
 NAPLES FL 34104



2. Principal Place of Business

~~2770 S. Horseshoe Dr., Ste 5~~ **368 Germain Ave**

3. Mailing Address

368 Germain Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Naples FL

City & State

Naples FL

4. FEI Number

36-4214830

Applied For

☐ Not Applicable

Zip

34108

Country

USA

Zip

34108

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BELSEY, ELIZABETH M
2770 S. HORSESHOE DR., STE 5
NAPLES FL 34104

7. Name and Address of New Registered Agent

Name **Belsey, Elizabeth**
 Street Address (P.O. Box Number is Not Acceptable)
368 Germain Ave
 City **Naples** **FL** Zip Code **34108**

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

E. M. Belsey

ELIZABETH M. BELSEY

2/21/02

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, 2002 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 **PSTD** ☐ Delete
 NAME **BELSEY, ELIZABETH M**
 STREET ADDRESS **2770 SOUTH HORSESHOE DR., STE 5**
 CITY-ST-ZIP **NAPLES FL**

TITLE **CD** ☐ Delete
 NAME **COLVILLE, STEVEN M**
 STREET ADDRESS **2770 SOUTH HORSESHOE DR., STE 5**
 CITY-ST-ZIP **NAPLES FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **368 Germain Ave**
 CITY-ST-ZIP **Naples, FL 34108**

TITLE ☒ Change ☐ Addition
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 CITY-ST-ZIP **Naples, FL 34108**

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TITLE ☐ Change ☐ 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:

STEVEN M. COLVILLE
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)