

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90147 041 ***150.00

DOCUMENT # F010000014171

1. Entity Name
PEACE SOFTWARE, INC.

Principal Place of Business

Mailing Address

~~3015 WINDWARD PLAZA~~ **6205 Blue Lagoon Drive Ste 500**
~~WINDWARD FAIRWAYS II~~ **Miami, FL 33126**
~~ALPHARETTA GA 30005~~

3015 WINDWARD PLAZA
WINDWARD FAIRWAYS II
ALPHARETTA GA 30005



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

6205 Blue Lagoon Drive
Suite, Apt. #, etc.
Suite 500

6205 Blue Lagoon Drive
Suite, Apt. #, etc.
Suite 500

City & State
Miami, FL

City & State
Miami, FL

4. FEI Number **#91-1823611**
APPLIED FOR

Applied For
Not Applicable

Zip
33126

Country
US

Zip
33126

Country
US

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

C.T. CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
PSD
NAME
PEACE, BRIAN
STREET ADDRESS
3015 WINDWARD PLAZA, WINDWARD FAIRWAYS II
CITY-ST-ZIP
ALPHARETTA GA 30005

☒ Delete

TITLE
Chairman + CEO
NAME
Peace, Brian
STREET ADDRESS
6205 Blue Lagoon Dr Ste 500
CITY-ST-ZIP
Miami, FL 33126

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CFO
Stephen Wasman
6205 Blue Lagoon Dr Ste 500
Miami, FL 33126

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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

4-30-02

Date

(305)341-2400

Daytime Phone #

CR2E034 (9/01)