

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F45544

1. Entity Name  
BIG PINE SOFTWARE, INC.

N/C -  
09/01/2000  
(TLC)

**FILED**  
**May 18, 2001 8:00 am**  
**Secretary of State**

05-18-2001 91240 035 \*\*\*158.75

A0062665

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

2. Principal Place of Business  
87 Meigs Drive

3. Mailing Address  
87 Meigs Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Shalimar, FL

City & State  
Shalimar, FL

4. FEI Number  
59-2158995

Applied For  
Not Applicable

Zip  
32579

Country  
USA

Zip  
32579

Country  
USA

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

DOMENECH, LYNN H.  
1035 NW 57th Street  
Gainesville FL 32605

Name JOHN B. JINKS, JR.

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

City Shalimar

FL

Zip Code  
32579

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, type 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

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Sec/Treas. ☐ Delete  
NAME Domenech, Lynn H.  
STREET ADDRESS 4926 N.W. 18th Pl  
CITY-ST-ZIP Gainesville, FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE President ☐ Delete  
NAME Jinks, John  
STREET ADDRESS 87 Meigs Drive  
CITY-ST-ZIP Shalimar, FL 32579

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)