

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Jan 31, 2001 8:00 am**  
**Secretary of State**

01-31-2001 90013 041 \*\*\*150.00

**DOCUMENT # F95000000047**

1. Entity Name

**ANALYTICAL SOFTWARE PACKAGES, INC.**

Principal Place of Business

921 MCKEE LANE  
DELRAY BEACH FL 33483

Mailing Address

921 MCKEE LANE  
DELRAY BEACH FL 33483

2. Principal Place of Business

*1 Harbourside Drive*

3. Mailing Address

*1 Harbourside Drive*

Suite, Apt. #, etc.

*Apt 1402*

Suite, Apt. #, etc.

*Apt 1402*

City & State

*Delray Beach FL*

City & State

*Delray Beach FL*

Zip

*33483*

Country

*US*

Zip

*33483*

Country

*US*

6. Name and Address of Current Registered Agent

HEATH, ROBERT  
921 MCKEE LANE  
DELRAY BEACH FL 33483

7. Name and Address of New Registered Agent

Name

*Robert Heath*

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

*1 Harbourside Dr*

City

*Delray Beach FL*

FL

Zip Code

*33483*

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

*Robert Heath*

*Robert Heath*

*Jan 22 2001*

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	CP HEATH, ROBERT 921 MCKEE LANE DELRAY BEACH FL 33483	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Robert Heath</i> <i>1 Harbourside Dr Apt 1402</i> <i>Delray Beach FL 33483</i>	<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
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	<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
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:

*Robert Heath*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Jan 22 2001*

Date

Daytime Phone #

CR2E034 (10/00)