

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**  
 05-28-2002 91762 032 \*\*\*150.00

**DOCUMENT # F95000000047**

1. Entity Name  
**ANALYTICAL SOFTWARE PACKAGES, INC.**

Principal Place of Business      Mailing Address  
**1 HARBORSIDE DR**      **1 HARBORSIDE DR**  
**APT 1402**      **APT 1402**  
**DELRAY BEACH FL 33483**      **DELRAY BEACH FL 33483**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number **56-1524855**      Applied For  
 Not Applicable

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

**HEATH, ROBERT**  
**1 HARBOURSIDE DR**  
**APT 1402**  
**DELRAY BEACH FL 33483**

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      CP      ☐ Delete  
 NAME      **HEATH, ROBERT**  
 STREET ADDRESS      **1 HARBOURSIDE DR APT 1402**  
 CITY-ST-ZIP      **DELRAY BEACH FL 33483**

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

TITLE      ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE      ☐ Change      ☐ Addition  
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TITLE      ☐ Change      ☐ Addition  
 NAME  
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 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: *Robert Heath*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Apr 15 2002*      *561265*  
*3340*  
 Date      Daytime Phone #

UNIFORM  
 AV

CR2E034 (9/01)