

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96 00006209

1. Entity Name

SOFTWARE SOLUTIONS INCORPORATED (GEORGIA)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAY 11 AM 9:33

Principal Place of Business

Mailing Address

3425 CORPORATE WAY # B  
DULUTH, GA 30096

3425 CORPORATE WAY # B  
DULUTH, GA 30096

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

58-1349915

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SOLOMON, JESS

2907 BAY TO BAY BLVD

# 104

TAMPA, FL 33629

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, 2000 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	P DC	<input type="checkbox"/> Delete
NAME	SOLOMON, JESS	
STREET ADDRESS	3425 CORPORATE WAY # B	
CITY-ST-ZIP	DULUTH, GA 30096	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	RUSSELL, ROBERT	
STREET ADDRESS	3425 CORPORATE WAY # B	
CITY-ST-ZIP	DULUTH, GA 30096	
TITLE	VPCB	<input checked="" type="checkbox"/> Delete
NAME	WOOD, GRAHAM	
STREET ADDRESS	3425 CORPORATE WAY # B	
CITY-ST-ZIP	DULUTH, GA 30096	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	EXEC. VICE PRES, CHIEF OPER OFF	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TIMOTHY F. PEARSON	
STREET ADDRESS	3425 CORPORATE WAY # B	
CITY-ST-ZIP	DULUTH, GA 30096	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LISA PHILLIPS	
STREET ADDRESS	3425 CORPORATE WAY # B	
CITY-ST-ZIP	DULUTH, GA 30096	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GERALD SLADEK	
STREET ADDRESS	3425 CORPORATE WAY # B	
CITY-ST-ZIP	DULUTH, GA 30096	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	300003271329-0	
STREET ADDRESS	-05/31/00--01017--003	
CITY-ST-ZIP	****150.00 ****150.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DBSKY	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/00 770-418-2000  
Date Daytime Phone #

CR2E034 (9/99)