

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 15, 2002 8:00 am
Secretary of State

011151 AT

DOCUMENT # F98000002703

1. Entity Name

PEACHTREE SOFTWARE, INC.

09-15-2002 90093 024 ***550.00

Principal Place of Business

**1505 PAVILION PLACE
 NORCROSS GA 30093**

Mailing Address

**1505 PAVILION PLACE
 NORCROSS GA 30093**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number **58-1809363**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

**NRAI SERVICES, INC.
 526 E. PARK AVE.
 TALLAHASSEE FL 32301**

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00
 After September 13, 2002 Fee will be \$750.00
 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
 NAME **PCOO MEYER, DOUG** ☐ Delete
 STREET ADDRESS **1505 PAVILION PLACE**
 CITY-ST-ZIP **NORCROSS GA 30093**

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

TITLE
 NAME **VCFO MCEVILY, TERI** ☐ Delete
 STREET ADDRESS **1505 PAVILION PLACE**
 CITY-ST-ZIP **NORCROSS GA 30093**

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

TITLE
 NAME **D WALKER, PAUL A** ☐ Delete
 STREET ADDRESS **SAGE HOUSE BENTON PARK ROAD NEWCASTLE**
 CITY-ST-ZIP **UNITED KINGDOM NE7 7LZ**

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

TITLE
 NAME **D ECKSTAEDT, JAMES R** ☐ Delete
 STREET ADDRESS **56 TECHNOLOGY DRIVE**
 CITY-ST-ZIP **IRVINE CA 92618-2301**

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

TITLE
 NAME **D HARRISON, PAUL** ☐ Delete
 STREET ADDRESS **SAGE HOUSE BENTON PARK ROAD NEWCASTLE**
 CITY-ST-ZIP **UNITED KINGDOM NE7 7LZ**

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

TITLE
 NAME **D MEYER, DOUGLAS** ☐ Delete
 STREET ADDRESS **1505 PAVILION PLACE**
 CITY-ST-ZIP **NORCROSS GA 30093**

TITLE
 NAME ☐ Change ☐ Addition
 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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/12/02 770-724-4022
 Date Daytime Phone #

CR2E034 (4/02)