## 2000 UNIFORM BUSINESS REPORT (UBR) FILED Jan 18, 2000 8:00 am Secretary of State DOCUMENT # F98000004820 SUNTREE SOFTWARE, INC. 01-18-2000 90076 028 \*\*\*150.00 Principal Place of Business Mailing Address 201 PLANTATION CLUB DRIVE #302 201 PLANTATION CLUB DRIVE #302 MELBOURNE FL 32940 MELBOURNE FL 32940-1928 00004973 2. Principal Place of Business 3. Mailing Address 201 Plantation Club Drive 201 Plantation Club Drive DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 205 #12*0*5 Applied For 4. FEI Number 59-3526067 bourne, Not Application \$8.75 Additional 5. Certificate of Status Desired USA USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name **DUFF. ROBERT** Street Address (P.O. Box Number is Not Acceptable) 201 PLANTATION CLUB DRIVE #302 **MELBOURNE FL 32940** Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE ☐ Delete TITLE Duff, Robert 201 Plantation Club Drive, \$1205 DUFF, ROBERT NAMÉ 201 PLANTATION CLUB DRIVE #302 STREET ADDRESS STREET ADDRESS Melbourne, FL 32940 CITY-ST-ZIP CITY-ST-ZIP **MELBOURNE FL 32940** \_\_\_\_\_ ☐ Change TITLE ☐ Delete TITLE RUSSELL, MARK NAME NAME STREET ADDRESS -2468 SAINT JOHN'S LANE STREET ADDRESS **MELBOURNE FL 32935** CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP \_ · .... ☐ Change ☐ Delete TITI F TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP \_ \* · · · · ☐ Change ☐ Delete TITLE TITLE

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 all other like empowered.

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