

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2002 8:00 am
Secretary of State

03-24-2002 90016 032 ***150.00

DOCUMENT # F98000004820
1. Entity Name
SUNTREE SOFTWARE, INC.

Principal Place of Business 2258 WARWICK RD. MELBOURNE FL 32935	Mailing Address 2258 WARWICK RD. MELBOURNE FL 32935
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3526067	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DUFF, ROBERT L 201 PLANTATION CLUB DRIVE #1205 MELBOURNE FL 32940	7. Name and Address of New Registered Agent Name: Robert Duff Street Address (P.O. Box Number is Not Acceptable): 2258 Warwick Rd City: Melbourne FL Zip Code: 32935
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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: 3/7/2002

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: PS NAME: DUFF, ROBERT L STREET ADDRESS: 201 PLANTATION CLUB DR., #1205 CITY-ST-ZIP: MELBOURNE FL 32940 <input type="checkbox"/> Delete		TITLE: RST NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank] <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: VT NAME: RUSSELL, MARK STREET ADDRESS: 7617 BRANDYWOOD, #264 CITY-ST-ZIP: WINTER PARK FL 32792 <input checked="" type="checkbox"/> Delete		TITLE: V NAME: Fortune, Shane STREET ADDRESS: 1966 Zylstra RD CITY-ST-ZIP: Oak Harbor, WA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank] <input type="checkbox"/> Delete		TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank] <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank] <input type="checkbox"/> Delete		TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank] <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank] <input type="checkbox"/> Delete		TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank] <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: **SIGNATURE REQUIRED** DATE: 3/7/2002 DAYTIME PHONE #: 321-309-1672

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)