2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000004914

SIGNATURE: 4

Jan 12, 2000 8:00 am 1. Entity Name **Secretary of State** GLOBAL SOFTWARE CONSULTANTS OF CENTRAL FLORIDA, 01-12-2000 90097 046 ***158.75 Principal Place of Business Mailing Address 101 S. CENTRAL AVE. 101 S. CENTRAL AVE. OVIEDO FL 32765-9027 OVIEDO FL 32765-9027 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 51-0354388 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired 沤 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent のすられゃて Martinez, ernest 12650 WATERHAVEN CR. ORLANDO FL 32828 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 (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 Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Change ☐ Addition TiTI F ☐ Delete TITLE MARTINEZ, ERNEST NAME NAME 101 S. CENTRAL AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP OVIEDO FL 32765 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IF ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.

John J.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED