

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000000359

1. Entity Name

COMPETENCE SOFTWARE, INC.

**FILED**  
**Feb 28, 2000 8:00 am**  
**Secretary of State**

02-28-2000 90176 008 \*\*\*150.00

Principal Place of Business

Mailing Address

PO BOX 65  
CLEARWATER FL 33757

PO BOX 65  
CLEARWATER FL 33757-0065

2. Principal Place of Business

500 N. Osceola Ave

3. Mailing Address

As above

Suite, Apt. #, etc.

#605

Suite, Apt. #, etc.

City & State

Clearwater Florida

City & State

4. FEI Number

02-0457435

Applied For

Not Applicable

Zip

33755

Country

USA

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

GREENBERG, MARTIN  
1318 NELSON AVE  
CLEARWATER FL 33755

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 PC ☐ Delete  
NAME BYRNES, LAWRENCE F  
STREET ADDRESS 500 NORTH OSCEOLA AVENUE #602  
CITY-ST-ZIP CLEARWATER FL 33755

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

TITLE V ☐ Delete  
NAME BRENNAN, LAWRENCE H  
STREET ADDRESS 272 EAST RICKER ROAD  
CITY-ST-ZIP CHICHESTER NH 03234

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

TITLE S ☐ Delete  
NAME BYRNES, EDWARD J  
STREET ADDRESS 2 MACK ROAD  
CITY-ST-ZIP WOBURN MA 01801

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

TITLE T ☐ Delete  
NAME DEWYNGAERT, MARY LOU  
STREET ADDRESS 411 BEAR HILL ROAD  
CITY-ST-ZIP LOUDON NH 03301

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

TITLE D ☐ Delete  
NAME FESHACH, MATTHEW  
STREET ADDRESS 425 SHERMAN AVE SUITE 220  
CITY-ST-ZIP PALO ALTO CA 94306

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

TITLE D ☐ Delete  
NAME FESHACH, JOSEPH  
STREET ADDRESS 425 SHERMAN AVE SUITE 220  
CITY-ST-ZIP PALO ALTO CA 94306

TITLE ☐ Change ☐ 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)

(727)  
1-24-2000 298-0341