

FILED
Mar 13, 2003 8:00 am
Secretary of State

02-11-2003 90067 008 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # F99000000359

1. Entity Name
COMPETENCE SOFTWARE, INC.



Principal Place of Business
500 N OSCEOLA AVE
605
CLEARWATER FL 33755

Mailing Address
PO BOX 65
CLEARWATER FL 33757



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 02-0457435

Applied For

Not Applicable

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 MARY LOU DeWynGaert
Street 1973 SEVER DRIVE
City Clearwater FL 33764

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE S
NAME BYRNES, EDWARD J
STREET ADDRESS 2 MACK ROAD
CITY-ST-ZIP WOBURN MA 01801-0000 ☐ Delete

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

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

TITLE MARY LOU DeWynGaert
NAME
STREET ADDRESS 1973 SEVER DRIVE
CITY-ST-ZIP Clearwater, FL 33764 ☒ Change ☐ Addition

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

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

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

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

12. 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 10 or Block 11 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

Date

Daytime Phone #

2-6-03 3280341

CR2E034 (10/02)