

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2001 8:00 am
Secretary of State

01-24-2001 90082 030 ***150.00

0487103

DOCUMENT # F99000002052

1. Entity Name
CCV SOFTWARE, INC.

Principal Place of Business Mailing Address
PO BOX 5388 PO BOX 5388
VERO BEACH FL 32961 VERO BEACH FL 32961

2. Principal Place of Business 3. Mailing Address
2770 INDIAN RIVER BLVD

Suite, Apt. #, etc. Suite, Apt. #, etc.
STE 201

City & State City & State
Vero Beach

Zip Country Zip Country
FL USA

4. FEI Number **55-0624066** 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

NAEREBOUT, TOM
2770 INDIAN RIVER BLVD STE 201
VERO BEACH FL 32960

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 _____ DATE _____
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.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **PCD**
STREET ADDRESS **CHANDLER, CATHERINE C**
CITY-ST-ZIP **2770 INDIAN RIVER BLVD STE 203**
VERO BEACH FL

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

TITLE ☐ Delete
NAME **VTD**
STREET ADDRESS **NAEREBOUT, THOMAS C**
CITY-ST-ZIP **2770 INDIAN RIVER BLVD STE 203**
VERO BEACH FL

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

TITLE ☐ Delete
NAME **VD**
STREET ADDRESS **NARUM, CHERYL K**
CITY-ST-ZIP **5602 36TH ST S**
FARGO ND

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

TITLE ☐ Delete
NAME **SD**
STREET ADDRESS **HAMRA, DONNA K**
CITY-ST-ZIP **3324 PENNSYLVANIA AVE**
CHARLESTON WV

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **NARUM, RICK**
CITY-ST-ZIP **5602 36TH ST S**
FARGO ND

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Thomas C Naeribout* **THOMAS C NAERIBOUT** 01/09/01 (SW) 9780603
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)