

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000003376

1. Entity Name

SOFTCO AMERICA INC.

FILED

Jul 07, 2000 8:00 am  
Secretary of State

07-07-2000 90436 001 \*\*\*275.00

07-07-2000 90436 002 \*\*\*275.00

Principal Place of Business	Mailing Address
5901 SUN BLVD SUITE 200 ST PETERSBURG FL 33715	5901 SUN BLVD SUITE 200 ST PETERSBURG FL 33701-3607



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Island Ctr, Suite 1130 2701 N. Rocky Pt. Dr Tampa FL		Same As Physical Suite, Apt. #, etc.	
City & State	City & State	Zip	Country
Tampa FL	Tampa FL	33607	USA

4. FEI Number	59-3577409	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SEXTON, KIRK 5901 SUN BLVD SUITE 200 ST PETERSBURG FL 33715		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
2701 N. Rocky Pt. Dr Island Ctr, Suite 1130 Tampa, FL 33607			

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]* DATE: 28 JUN 2000

(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) <input type="checkbox"/>	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. <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	CP	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COFFEY, JIM	NAME	
STREET ADDRESS	STONE HOUSE BALLYBRIDE ROAD RATHMICHAEL	STREET ADDRESS	
CITY-ST-ZIP	CO DUBLIN, IRELAND	CITY-ST-ZIP	
TITLE	VP	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPENCE, SUSAN	NAME	
STREET ADDRESS	15 CAIRN HILL WESTMINSTER ROAD FOXROCK	STREET ADDRESS	
CITY-ST-ZIP	DUBLIN 18, IRELAND	CITY-ST-ZIP	
TITLE	D	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEECH, SINEAD	NAME	
STREET ADDRESS	65 MOUNT ANVILLE PARK GOATSTOWN	STREET ADDRESS	
CITY-ST-ZIP	DUBLIN 14, IRELAND	CITY-ST-ZIP	
TITLE	VP	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PIZZOLATO, RICH	NAME	
STREET ADDRESS	7982 11TH AVENUE SOUTH	STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL	CITY-ST-ZIP	
TITLE	S	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KILBUFF, ALAN	NAME	
STREET ADDRESS	CLONLEE CHURCH LANE GREYSTONES	STREET ADDRESS	
CITY-ST-ZIP	GO WICKLOW, IRELAND	CITY-ST-ZIP	
TITLE	T	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'CALLAGHAN, KEVIN	NAME	
STREET ADDRESS	11 GLENBOURNE GREEN LEOPARDSTOWN VALLEY	STREET ADDRESS	
CITY-ST-ZIP	DUBLIN 18, IRELAND	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]* DATE: 28 JUNE 727-898-0106

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)