

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000004157

1. Entity Name

SOFTWARE SHELF INTERNATIONAL, INC.

**FILED**  
**Aug 14, 2000 8:00 am**  
**Secretary of State**

08-14-2000 90002 009 \*\*\*558.75

Principal Place of Business

702 MARSHALL ST., SUITE 611  
REDWOOD CITY CA 94063

Mailing Address

702 MARSHALL ST., SUITE 611  
REDWOOD CITY CA 94063

2. Principal Place of Business

601 Cleveland St.  
Suite, Apt. #, etc.  
Suite 710  
City & State  
Clearwater, FL  
Zip  
33755  
Country  
USA

3. Mailing Address

601 Cleveland St.  
Suite, Apt. #, etc.  
Suite 710  
City & State  
Clearwater FL  
Zip  
33755  
Country  
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

94-3256693

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GREENBERG, MARTIN CPA  
1318 NELSON AVENUE  
CLEARWATER FL 33755

7. Name and Address of New Registered Agent

Name DAN FEELEY

Street Address (P.O. Box Number is Not Acceptable)

500 N. OSCEOLA #505

City Clearwater

FL

Zip Code 33755

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 DAN FEELEY

(NOTE: Registered Agent signature required when reinstating)

8/9/00

9. This corporation is eligible to satisfy its intangible  
Tax filing requirement and elects to do so.  
(See criteria on back)

X

**FILE NOW!!! FEE IS \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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

|  |  |  |
|--|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PC<br>FEELEY, WILLIAM<br>931 MCCUE AVENUE<br>SAN CARLOS CA 94070       | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VCS<br>FEELEY, DANIEL JR.<br>371 SUMMIT DRIVE<br>REDWOOD CITY CA 94062 | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>FEELEY, SUZANNE<br>371 SUMMIT DRIVE<br>REDWOOD CITY CA 94062     | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete            |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|  |   |  |
|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PRESIDENT<br>William Feeley<br>601 Cleveland St., Ste 710<br>Clearwater FL 33755            | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP and Secretary<br>DANIEL FEELEY, JR.<br>601 Cleveland St., Ste 710<br>Clearwater FL 33755 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DANIEL FEELEY, JR. Secretary 8/9/00 727 445

Date

Daytime Phone 1920 x 11

CR2E034 (5/00)