

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000004157

1. Entity Name
SOFTWARE SHELF INTERNATIONAL, INC.

FILED
Mar 22, 2001 8:00 am
Secretary of State

03-22-2001 90005 009 ***158.75

Principal Place of Business

601 CLEVELAND STREET
SUITE 710
CLEARWATER FL 33755

Mailing Address

601 CLEVELAND STREET
SUITE 710
CLEARWATER FL 33755

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 94-3256693

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

FRELEY, DAN
500 N. OSCEOLA #505
CLEARWATER FL 33755

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

3/14/01

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP | P FEELEY, WILLIAM 601 CLEVELAND ST. STE. 710 CLEARWATER FL 33755 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VS FEELEY, DANIEL JR. 601 CLEVELAND ST. STE. 710 CLEARWATER FL 33755 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD FEELEY, SUZANNE 371 SUMMIT DRIVE REDWOOD CITY CA 94062 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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:

Daniel M Feeley Jr DANIEL FEELEY Secy

Date

Daytime Phone #

CR2E034 (10/00)