

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000005618

1. Entity Name

PHILIP'S SOFT WARE CONSULTANTS, LTD., CORP.

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90144 001 ***150.00

Principal Place of Business

116 CLAYTON AVENUE
CELEBRATION FL 34747

Mailing Address

660 CELEBRATION AVENUE
APT 270
CELEBRATION FL 34747-4928

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

116 CLAYTON AVE

Suite, Apt. #, etc.

City & State

CELEBRATION FL

Zip

34747

Country

US



DO NOT WRITE IN THIS SPACE

4. FEI Number

22-3378765

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

GOJLEWICZ, PHILIP W
660 CELEBRATION AVE
APT 270
CELEBRATION FL 34747

NEW ADDRESS →

Name

GOJLEWICZ, PHILIP W

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

116 CLAYTON AVE

City

CELEBRATION

FL

Zip Code

34747

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.

PHILIP W. GOJLEWICZ PRESIDENT

SIGNATURE

Phil W. Gojlewicz

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, 2000 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 P
NAME GOJLEWICZ, PHILIP W
STREET ADDRESS 660 CELEBRATION AVENUE APT 270 116 CLAYTON AVE
CITY-ST-ZIP CELEBRATION FL 34747

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V
NAME GOJLEWICZ, CARLA W
STREET ADDRESS 660 CELEBRATION AVENUE APT 270 116 CLAYTON AVE
CITY-ST-ZIP CELEBRATION FL 34747

TITLE
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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:

Phil W. Gojlewicz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/2000

Date

407 566 0406

Daytime Phone #

CR2E034 (9/99)