

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2002 8:00 am
Secretary of State

04-03-2002 90492 045 ***150.00

DOCUMENT # G75914

1. Entity Name

SOFTWARE SUPPORT TEAM, INC.

Principal Place of Business

**3900 WOODLAKE BLVD. STE 200
 LAKE WORTH FL 33463**

Mailing Address

**3900 WOODLAKE BLVD. STE 200
 LAKE WORTH FL 33463**

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

59-2351269

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PEACOCK, ALBERT L.
 3900 WOODLAKE BLVD, STE 200
 LAKE WORTH FL 33463**

Name
David A. Schwedel

Street Address (P.O. Box Number is Not Acceptable)
5835 Blue Lagoon Drive 4th FL

City
Miami, FL

FL

Zip Code
33126

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

David A. Schwedel

3/26/02

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, 2002 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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	PEACOCK, ALBERT L.	
STREET ADDRESS	713 SPRINGDALE CIR	
CITY-ST-ZIP	PALM SPRINGS FL	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	PEACOCK, ARTHUR MICHAEL	
STREET ADDRESS	3901 CYPRESS LAKE DRIVE	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	CFO	<input checked="" type="checkbox"/> Delete
NAME	TIERNRY, PHILIP S	
STREET ADDRESS	1440 SW 8TH AVE.	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P, CEO	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	David A. Schwedel	
STREET ADDRESS	5835 Blue Lagoon Drive 4th fl	
CITY-ST-ZIP	Miami, FL 33126	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/02

Date

305-285-2003

Daytime Phone #

CR2E034 (9/01)