## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED Aug 28, 2000 8:00 am Secretary of State **DOCUMENT # G81465** 1. Entity Name DEERESOFT, INC. 08-28-2000 90036 012 \*\*\*550.00 Principal Place of Business Mailing Address 7041 RODES PLACE 7041 RODES PLACE W. MELBOURNE FL 32904 W. MELBOURNE FL 32904 DODOTAGA 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2383754 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required - 6. Name and Address of Current Registered Agent 7.\_Name and Address of New Registered Agent Name STEWART, JR., LAWRENCE C. Street Address (P.O. Box Number is Not Acceptable) 101 AVENUE C, S.W. WINTER HAVEN FL 33880 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 > 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DP. Change ☐ Addition TITLE TITLE ☐ Delete DEERE, ROY NAME NAME STREET ADDRESS 7041 RODES PLACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF WEST MELBOURNE FL ☐ Addition ☐ Change TITLE □ Delete TITLE NAME DEERE, BARBARA NAME STREET ADDRESS 7041 RODES PLACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WEST MELBOURNE FL Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE □ Detete TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP ☐ Delete TITI F Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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.

8/24/00 (321)