2001 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 06, 2001 8:00 am Secretary of State DOCUMENT # **H28280** LEAP SOFTWARE, INC. 02-06-2001 90312 011 ***150.00 Principal Place of Business Mailing Address 11602 N 51ST ST PO BOX 16827 STE 200 TAMPA FL 33687-6827 ATOUTA **TAMPA FL 33617** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2463082 Not Applicable Zip 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 SOUTHWORTH, GEORGE L Street Address (P.O. Box Number is Not Acceptable) 11602 N 51ST ST. STE 200 **TAMPA FL 33510** Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 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 12. CHAIRMAN OF BOARD, DIRECTOR TITLE ☐ Delete TITLE K Change NAME NAME SOUTHWORTH, GEORGE L. STREET ADDRESS STREET ADDRESS 11005 THERESA ARBOR DR CITY-ST-ZIP CITY-ST-ZIP TEMPLE TERRACE FL TITLE X Delete TITLE ☐ Change ☐ Addition NAME NAME KLOSICKI, JANICE M STREET ADDRESS STREET ADDRESS 8001 DORADO CT CITY-ST-ZIP CITY-ST-ZIP TEMPLE TERRACE FL-33617 PRESIDENT, DIRECTOR TITLE ☐ Defete TITLE Change ☐ Addition NAME TANASE, LIVIU NAME STREET ADDRESS STREET ADDRESS 1310 VILLAGE CT CITY-ST-ZIP CITY-ST-ZIP BRANDON FL 33511 SECRETARY, TREASURER ☐ Delete TITLE ☐ Change * Addition THOMAS, GAIL NAME STREET ADDRESS STREET ADDRESS 9329 FÁIRWAY LAKES CT CITY-ST-ZIP CITY-ST-7IP TAMPA, FL 33647 ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS 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 truetee 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 officer or director.

SIGNATURE:

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIREC