## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

## H29124 **DOCUMENT #**

1. Entity Name

SOLID ROCK SOFTWARE, INC.



## **FILED** Jan 15, 2003 8:00 am Secretary of State 01-15-2003 90187 018 \*\*\*150.00

|  |                   |  |  |                 | O WE DE  | <b>?</b>                                     |  |                 |               |                              |  |
|--|-------------------|--|--|-----------------|--|--|--|-----------------|---------------|------------------------------|--|
| Principal Place of Business<br>2265 LEE RD., SUITE 200<br>WINTER PARK FL 32789 |                   |  | Mailing Address<br>2265 LEE RD SUITE 200<br>WINTER PARK FL 32789 |                 |  |  |  |                 |               |                              |  |
| 2. Principal f   | Place of Busin    | ness   | 3. Mailing Address   |                 |  |  |  | IEI BIEII BIBII |               |                              |  |
| Suite, Apt.  | . #, etc.         |  | Suite, Apt. #, etc.  |                 |  |  | ☐ CHECK HERE IF I                                    | MAKING C        | HANGES        |                              |  |
| City & State   |                   |  | City & State   |                 |  | 4.   | 4. FEI Number 59-2477402 Applied For Not Applicable  |                 |               |                              |  |
| Zip  | Zip Country       |  | Zip Count  |                 | ntry   | 5. Certificate of Status Desired See Require |  | ditional        |               |                              |  |
|  | 6. Name           | and Address of Curren  | t Registered Agent   |                 | T  | 7  | Name and Address of New Regi                         |                 |               |                              |  |
|  | , -, <u>-</u> , - | -, 42 U  |  |                 | Name   |  |  |                 |               |                              |  |
| NUTTING, NORWORD   |                   |  |  |                 | ,  |  |  |                 |               |                              |  |
| 2265 LEE   | RD., SUITE        | 200  |  |                 | Street Address (P.O. Box Number is Not Acceptable) |  |  |                 |               |                              |  |
| WINTER PARK FL 32789   |                   |  |  |                 |  | <del></del>                                  |  |                 | <del></del> - |                              |  |
|  |                   |  |  |                 | City   |  |  | FL              | Zip Cod       | e                            |  |
| 9 The above  |                   |  | facilities and the facilities of the second                      |                 | 1 - 1111   | • • •  |  |                 |               |                              |  |
| the obligat  | tions of regist   | y submits this statement is<br>sered agent.                            | or the purpose of changing                                       | j its register  | ea onice or reg                                    | istered ag                                   | gent, or both, in the State of Florida               | a. i am fan     | illiar with,  | and accept                   |  |
| SIGNATURE  | Signature typed   | or printed name of registered agen                                     | at and title if annihophia                                       | NOTE: Pagistara | ed Agent signature re                              | cuired when r                                | oinctation)  | DATE            |               |                              |  |
|  |                   |  | , the sale is applicable.  |                 | o rigorit arginataro rot                           | quired when                                  | T.   | DAIL,           |               |                              |  |
| Afte   | r May 1, 200      | ! FEE IS \$150.00<br>)3 Fee will be \$550.00<br>o Florida Department o |  |                 |  |  | Election Campaign Financ<br>Trust Fund Contribution. | cing 🔲          |               | <b>0</b> May Be<br>I to Fees |  |
| 10.  |                   | OFFICERS AND   |  | 11.             |  | ΔΓ   | <br> <br> DDITIONS/CHANGES TO OFFICE                 | BS AND D        | BECTOR!       | S IN 11                      |  |
| TITLE  | ID                | OT FOLIO / STO   | ☐ Delete   | TITL            | F T  |  | DBITTONS/CHANGES TO OFFICE                           |                 | Change        | Addition                     |  |
| NAME   | NUTTING,          | NORWOOD  | LI Delete  | NAM             | - 1  |  |  | _               | _ Change      | L. Audition                  |  |
| STREET ADDRESS   |                   | RD., SUITE 200   |  | STRE            | EET ADDRESS  |  |  |                 |               |                              |  |
| CITY-ST-ZIP  | Winter P          | ARK FL 32789   |  | CITY            | '-ST-ZIP   |  |  |                 |               |                              |  |
| TITLE  |                   |  | ☐ Delete   | TITLE           | E  |  | <del></del> ,  |                 | Change        | ☐ Addition                   |  |
| NAME   |                   |  |  | NAM             | le l   |  |  | _               | -             | _                            |  |
| STREET ADDRESS   |                   |  |  | STRE            | EET ADDRESS  |  |  |                 |               |                              |  |
| CITY-ST-ZIP  |                   |  |  | CITY            | -ST-ZIP  |  |  |                 |               |                              |  |
| <u>TI</u> TLE  |                   | والمنيسان المساد المنتصرية الدا  | Delete   | -~ -JITLE       | E .  | THE PERSON NAMED IN                          |  |                 | ]·Change 1    | · Addition                   |  |
| NAME   |                   |  |  | NAM             | - 1  |  |  |                 |               |                              |  |
| STREET ADDRESS<br>CITY-ST-ZIP  |                   |  |  |                 | ET ADDRESS   |  |  |                 |               |                              |  |
|  |                   | 117.1.   |  |                 | -ST-ZIP  |  |  |                 |               |                              |  |
| TITLE<br>NAME  |                   |  | ☐ Delete   | TITLE           | I  |  |  | L               | Change        | ☐ Addition                   |  |
| STREET ADDRESS   |                   |  |  | NAM             | ET ADDRESS   |  |  |                 |               |                              |  |
| CITY-ST-ZIP  |                   |  |  |                 | -ST-ZIP  |  |  |                 |               |                              |  |
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| NAME   |                   |  | L.J Derete   | NAMI            | l l  |  |  | L               | Change        | L Addition                   |  |
| STREET ADDRESS   |                   |  |  |                 | ET ADDRESS   |  |  |                 |               |                              |  |
| CITY-ST-ZIP  |                   |  |  |                 | -ST-ZIP  |  |  |                 |               | 1                            |  |
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| NAME   |                   |  |  | NAME            | <b>I</b>   |  |  | _               | , analigu     |                              |  |
| STREET ADDRESS   |                   |  |  | STRE            | ET ADDRESS   |  |  |                 |               |                              |  |
| CITY-ST-ZIP  |                   |  |  | CITY-           | -ST-ZIP  |  |  |                 |               |                              |  |
| 12. I hereby o   | ertify that the   | information supplied with  | h this filing does not qualify                                   | for the exer    | motion stated in                                   | Section.                                     | 119.07(3)(i) Florida Statutes I furt                 | her certify     | that the in   | formation                    |  |

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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIMULATURE REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNANG OFFICER OR DIRECTOR