

FILED
Feb 07, 2001 8:00 am
Secretary of State

02-07-2001 90201 023 ***158.75

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # H41729**

1. Entity Name

K SOFTWARE INT., INC.

Principal Place of Business

**2840 GOLDEN GATE PARKWAY
 SUITE 206
 NAPLES FL 34105**

Mailing Address

**2840 GOLDEN GATE PARKWAY
 SUITE 206
 NAPLES FL 34105**
00015128

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **22-2420238**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**ROSS, DONALD K., JR.
 2840 GOLDEN GATE PARKWAY
 SUITE 206
 NAPLES FL 34105**

Name

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

City

FL

Zip Code

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)

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, 2001 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	PST	TITLE	☐ Change ☐ Addition
NAME	KOHNE, JURGEN	NAME	
STREET ADDRESS	MASSOLI EWEG 33	STREET ADDRESS	
CITY-ST-ZIP	28355 BREMEN GERMANY	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ 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-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ 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-ZIP		CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(b), 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 liquidator empowered to execute this report as required by Chapter 007, 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JURGEN KOHNE

Date

Day/Month/Year

January 31st, 2001 1491718265849