

2000 UNIFORM BUSINESS REPORT (UBR)

1062

DOCUMENT # H53702

1. Entity Name

BASIC SOFTWARE, INC.

FILED

00 JUN 29 PM 2:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

8926 PHYLISS AVE.
SARASOTA FL 34231-4722

8926 PHYLISS AVE.
SARASOTA FL 34231-7722

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2525002

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

SHEA, JOHN
2940 SOUTH TAMIAMI TRAIL
SARASOTA FL 34236

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, 2000 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 ☐ Delete
NAME P
STREET ADDRESS DUBOIS, MARSHALL K.
CITY-ST-ZIP 8926 PHYLISS AVE.
SARASOTA FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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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)(j), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Marshall K Dubois MARSHALL K DUBOIS 6-27-2000 941-966-1282

CR2E014 (9/97)

2062



BASIC SOFTWARE INC.



Home of IBM Computers

8826 Phyllis Avenue • Sarasota, Florida 34231
Voice: 941-866-1252 | 2pm-10pm Eastern M-F |
24 hour FAX: 941-866-1317
Email: mkdubois@scun.com

"almost everything for the small business computer user"

June 27, 2000

Department of State
State of Florida

Request waiver of late fee for medical reasons.

I am the principal stockholder (100%) of only officer alive.

I underwent open heart surgery at Sarasota Memorial Hospital on January 13, 2000 which can be verified by hospital records.

I have filed on time for the past 15 years.

Manuel C. [Signature]

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