

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J36121

1. Entity Name

FLORIDA SOFTWARE, INC.

Principal Place of Business

% ROBERT A. GIACIN
2131 HOLLYWOOD BLVD. S-102
HOLLYWOOD FL 33020

Mailing Address

% ROBERT A. GIACIN
2131 HOLLYWOOD BLVD. S-102
HOLLYWOOD FL 33020

2. Principal Place of Business

2131 HWD BLVD

Suite, Apt. #, etc.

SUITE 101

3. Mailing Address

2131 HWD BLVD

Suite, Apt. #, etc.

SUITE 101



DO NOT WRITE IN THIS SPACE

City & State

HOLLYWOOD FL

City & State

HOLLYWOOD FL

4. FEI Number 59-2731101

Applied For

Not Applicable

Zip

33020

Country

BROWARD

Zip

33020

Country

BROWARD

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GIACIN, ROBERT A.
2131 HOLLYWOOD BLVD
SUITE 102
HOLLYWOOD FL 33020

ONLY CHANGE

7. Name and Address of New Registered Agent

Name ROBERT A. GIACIN

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

2131 HWD BLVD

SUITE 101

City

HOLLYWOOD, FL

FL

Zip Code

33020

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

ROBERT A. GIACIN Robert A. Giacin Pres.

1/4/01

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

TITLE	PSD	<input type="checkbox"/> Delete
NAME	GIACIN, ROBERT A.	
STREET ADDRESS	3400 N. 37TH ST	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	MCBRIDE, BLAKE	
STREET ADDRESS	2131 HOLLYWOOD BLVD #102	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	GIACIN, KATHARINA M	
STREET ADDRESS	3400 N 37 ST	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 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

1/4/01

Date

Daytime Phone #

954-922-3282

0103453

CR2E034 (10/00)