2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment

SIGNATURE:

Apr 18, 2002 8:00 am Secretary of State **DOCUMENT #** J36121 04-18-2002 90466 047 ***150.00 1. Entity Name LORIDA-SOFTWARE, INC. INC Principal Place of Business % ROBERT A. GIACIN % ROBERT A. GIACIN 2131 HOLLYWOOD BLVD, S-101 2131 HOLLYWOOD BLVD. \$-101 HOLLYWOOD FL 33020 HOLLYWOOD FL 33020 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2731101 Not Applicable Country Country \$8.75 Additional -5. Certificate of Status Desired —□/ 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GIACIN, ROBERT A. Street Address (P.O. Box Number is Not Acceptable) 2131 HOLLYWOOD BLVD SUITE 101 HOLLYWOOD FL 33020 City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Addition (9/01 ☐ Delete ☐ Change TILE GIACIN, ROBERT A NAME NAME CR2E034 3400 N. 37TH ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL CITY-ST-ZIP Change Addition TITLE Delete MCBRIDE, BLAKE NAME NAME STREET ADDRESS 2131 HOLLYWOOD BLVD # 101 STREET ADDRESS HOLLYWOOD FL--CITY-ST-ZIP -CITY-ST-7IP ☐ Change ■ Addition Delete TITLE TITLE NAME GIACIN, KATHARINA M STREET ADDRESS STREET ADDRESS 3400 N 37 ST HOLLYWOOD FL 33021 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Chance TITLE ☐ Deleta TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Detete TITLE 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 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 of trustage empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 11 or Block 12 if