

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J46278

1. Entity Name

DIVERSIFIED SOFTWARE SYSTEMS, INC.

**FILED**  
**Apr 28, 2000 8:00 am**  
**Secretary of State**

04-28-2000 90078 043 \*\*\*150.00

Principal Place of Business

1211 SEMORAN BLVD  
STE 163  
CASSELBERRY FL 32707  
US

Mailing Address

1211 SEMORAN BLVD  
STE 163  
CASSELBERRY FL 32750-4162  
US

2. Principal Place of Business

300 North County Road 427

3. Mailing Address

300 North County Road 427

Suite, Apt. #, etc.

207

Suite, Apt. #, etc.

207

City & State

Longwood FL

City & State

Longwood FL

4. FEI Number

59-2719437

Applied For

Not Applicable

Zip

32750

Country

Zip

32750

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

LUDWIG, GEORGE W.  
2405 TIOGA TRAIL  
WINTER PARK FL

Name

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

377 Maya Street

City

Lake Mary

FL

Zip Code

32746

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	PD	<input type="checkbox"/> Delete
NAME	GARBER, LON L.	
STREET ADDRESS	920 HOBSON STREET	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	CD	<input type="checkbox"/> Delete
NAME	LUDWIG, GEORGE W.	
STREET ADDRESS	2405 TIOGA TRAIL	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	LODGE, BERNARD C.	
STREET ADDRESS	380 GOLF BROOK CIR 204	
CITY-ST-ZIP	LONGWOOD FL	
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		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	377 Maya Street	
CITY-ST-ZIP	Lake Mary, FL 32746	
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		
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

GEORGE W. LUDWIG

1/27/2000

Date

407/657-1440

Daytime Phone #

CR2E034 (9/99)