

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 09, 2000 8:00 am**
Secretary of State

02-09-2000 90056 050 ***150.00

DOCUMENT # J88927

1. Entity Name

DOCKMASTER SOFTWARE SYSTEMS, INC.**914001**

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2836075**5. Certificate of Status Desired ☐ **\$8.75**
Fee Required**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****PEACOCK, ALBERT L.**
3900 WOODLAKE BLVD, STE 200
LAKE WORTH FL 33463

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00**
Added to F**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	D		<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/>
	PEACOCK, ALBERT L.	713 SPRINGDALE CIR	PALM SPRINGS FL				
	V		<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/>
	PEACOCK, ARTHUR M	3901 CYPRESS LAKE DR	LAKE WORTH FL				
			<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/>
			<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/>
			<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/>
			<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/>

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 12, as 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

1/31/00

561 969 288

Daytime Phone #