

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2003 8:00 am
Secretary of State

03-14-2003 90051 017 ***150.00

DOCUMENT # K62786

1. Entity Name
SOFT- ORGWARE INC.



Principal Place of Business
**6358 GRANGER ROAD
PORT CHARLOTTE FL 33981**

Mailing Address
**C/O SIGRID M. HENSHAW
P.O. BOX 150639
CAPE CORAL FL 33915-0639**



2. Principal Place of Business
13416 Buckett Circle

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Port Charlotte, FL

City & State

4. FEI Number **65-0096474**

Applied For
Not Applicable

Zip Country
33981 Lee

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

**HENSHAW, SIGRID M, PA
2313 SW 27TH TERR
CAPE CORAL FL 33904**

Name
L. DIETER BEAUGRAND

Street Address (P.O. Box Number is Not Acceptable)
13416 Buckett Circle

City Zip Code
Port Charlotte FL 33981

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

03/12/03
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **BEAUGRAND, RUTH E.**
STREET ADDRESS **6358 GRANGER RD.**
CITY-ST-ZIP **PORT CHARLOTTE FL 33981**

☒ Change ☐ Addition
TITLE
NAME
STREET ADDRESS **13416 Buckett Circle**
CITY-ST-ZIP **Port Charlotte, FL 33981**

TITLE **DPTS** ☐ Delete
NAME **LUTZ-DIETER BEAUGRAND**
STREET ADDRESS **6358 GRANGER RD.**
CITY-ST-ZIP **PORT CHARLOTTE FL 33981**

☒ Change ☐ Addition
TITLE
NAME
STREET ADDRESS **13416 Buckett Circle**
CITY-ST-ZIP **Port Charlotte, FL 33981**

TITLE **VP** ☐ Delete
NAME **ROGER MARCUS**
STREET ADDRESS **HILDEGARDSTRASSEE. 14**
CITY-ST-ZIP **BERLIN GE 10715**

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

TITLE **VP** ☒ Delete
NAME **BEAUGRAND, MICHAEL**
STREET ADDRESS **6358 GRANGER ROAD**
CITY-ST-ZIP **PORT CHARLOTTE FL 33981**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 supplement 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 10 or Block 11 if changed, or on an attachment with my address, and an Other line empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pres. **03/12/03** (941) 460-9914
Date Daytime Phone #

CR2E034 (10/02)