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## 2002 UNIFORM BUSINESS REPORT (UBR)

## Apr 30, 2002 8:00 am § Secretary of State DOCUMENT # L01000019897 / 04-30-2002 90134 028 \*\*\*\*55.00 LUCKY SKUNK SOFTWARE ASSOCIATES, LLC Name changed to "NEUROSOFTWARE, Principal Place of Business 441 3RD AVE. 441 3RD AVE. INDIALANTIC FL 32903 INDIALANTIC FL 32903 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 01-0585152 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7." Name and Address of New Registered Agent Name FRESE, GARY B Street Address (P.O. Box Number is Not Acceptable) 930 S. HARBOR CITY BLVD. SUITE 505 MELBOURNE FL 32901 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 FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGR TITLE Delete TITLE Change ☐ Addition **GETTINGS, SANDY** NAME NAME STREET ADDRESS STREET ADDRESS 441 3RD AVE. CITY-ST-ZIP CITY-ST-ZIP INDIALANTIC FL 32903 TIT1 F ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7/P ~ TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITL F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.