

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 09, 2003 8:00 am**  
**Secretary of State**

**DOCUMENT # L42799**

1. Entity Name

ALLBIZ SOFTWARE CONSULTANTS, INC.



07-09-2003 90142 002 \*\*\*550.00

07-09-2003 90142 001 \*\*\*\*\*8.75

Principal Place of Business  
1320 SW 20TH STREET  
BOCA RATON FL 33486  
US

Mailing Address  
34 CHESTNUT ST  
LODI NJ 07644-2111  
US

2. Principal Place of Business

3. Mailing Address

1320 SW 20th ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
BOCA RATON, FL

Zip

Country

Zip  
33486

Country  
USA

4. FEI Number 65-0162419

Applied For

Not Applicable

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

FOSS, JOHN P  
1320 SW 20TH ST  
BOCA RATON FL 33486

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**

**After September 10, 2003 Fee will be \$750.00**

**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PSD  
EDSON, ANNA  
34 CHESTNUT STREET  
LODI NJ 07644 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
~~FOSS, JOHN P.~~  
~~1320 SW 20th ST~~  
~~BOCA RATON, FL 33486~~ ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
FOSS, JOHN P.  
1320 SW 20th STREET  
BOCA RATON, FL 33486 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

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TITLE  
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☐ Change ☐ Addition

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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Anna Edson* President

7-4-03

973-779-2023

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)