

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L59334

1. Entity Name

CUSTOM SOFTWARE SOLUTIONS, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90267 003 ***150.00

Principal Place of Business

Mailing Address

~~HENRY B. KNOWLES, JR.~~
~~SAGEWOOD DRIVE~~
~~ORLANDO FL 32818~~

~~HENRY B. KNOWLES, JR.~~
~~6402 SAGEWOOD DRIVE~~
~~ORLANDO FL 32818-5933~~

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3000458**

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

KNOWLES, HENRY B. JR.
1665 SACKETT CIR
ORLANDO FL 32818

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 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	DP	<input type="checkbox"/> Delete
NAME	KNOWLES, HENRY B. JR.	
STREET ADDRESS	1665 SACKETT CIR	
CITY-ST-ZIP	ORLANDO FL	
TITLE	DT	<input type="checkbox"/> Delete
NAME	ATHERTON, BRUCE E.	
STREET ADDRESS	201 W 5TH AVE	
CITY-ST-ZIP	WINDERMERE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

Bruce Atherton **BRUCE ATHERTON** 4/28/2000 407-352-4800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)