

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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

04-14-2003 90113 047 ****61.25

0103103

DOCUMENT # N99000006520

1. Entity Name

SOFT NETWORK USERS GROUP, INC.



Principal Place of Business

**34350 US HIGHWAY 19 NORTH
PALM HARBOR FL 34684**

Mailing Address

~~SNUG~~
~~C/O 1079 ST. GALLAN AVENUE W~~
~~MOBILE AL 36608~~
C/O DONALD P. REED

2. Principal Place of Business

3. Mailing Address

SNUG Suite 200-S

Suite, Apt. #, etc.

Suite, Apt. #, etc.

100 Second Ave, South

City & State

City & State

St. Petersburg, FL

Zip

Country

Zip

Country

33701

USA

4. FEI Number **59-3636822**

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

REED, DONALD P

~~975 SIXTH AVENUE SOUTH~~
~~NAPLES FL 34102~~

Name

DONALD P. REED

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

100 Second Ave, South

Suite 200-S

City

St. Petersburg

FL

Zip Code

33701

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

Donald P. Reed **DONALD P. REED**

4/9/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Delete
NAME **JOHNSON, RUTH**
STREET ADDRESS **737 BROADWAY (RT 40)**
CITY-ST-ZIP **FARGO MD 58123**

TITLE **PRESIDENT/DIRECTOR** ☐ Change ☒ Addition
NAME **Jamieson, Judy**
STREET ADDRESS **600 University Ave, Dept Micro**
CITY-ST-ZIP **Toronto, ON M5G 1X5**

TITLE **D** ☒ Delete
NAME **SCHERSCHEL, SUSAN JUNE**
STREET ADDRESS **1405 M STREET**
CITY-ST-ZIP **BEDFORD IN 47421**

TITLE **Treasurer/DIRECTOR** ☐ Change ☒ Addition
NAME **Slattery, Mary**
STREET ADDRESS **3431 NW 42 Terr**
CITY-ST-ZIP **Topeka KS 66618**

TITLE **D** ☐ Delete
NAME **GELSIE, ANNE**
STREET ADDRESS **1079 ST. GALLAN AVE. W.**
CITY-ST-ZIP **MOBILE AL 36608**

TITLE **Vice-President** ☒ Change ☐ Addition
NAME **GELSIE ANNE**
STREET ADDRESS **1079 ST. GALLAN AVE.**
CITY-ST-ZIP **Mobile, AL 36608**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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 617, 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:

Mary E. Slattery **MARY E. SLATTERY**

4-4-03 785 3545935

CR2E037 (10/02)