2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2001 8:00 am
Secretary of State
04-27-2001 90371 022 ***150.00

DOCUMENT # P00000000553

1. Entity Name
TORTOISE SOFTWARE, INC.

Principal Place of Business	Mailing Address
2132 TORTOISE SHELL DR. ORLANDO FL 32810	2132 TORTOISE SHELL DR. ORLANDO FL 32810

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
900 Kingsridge Cr		900 Kingsridge Cr	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Gotha FL		City & State: Gotha FL	
Zip: 34734	Country: Orange	Zip: 34734	Country: Orange

4. FEI Number 59-3623968 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DAVIS, JOSHUA
2132 TORTOISE SHELL DR.
ORLANDO FL 32810

7. Name and Address of New Registered Agent

Name: Davis, Joshua
Street Address (P.O. Box Number Is Not Acceptable): 900 Kingsridge Cr
City: Gotha FL Zip Code: 34734

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, 2001 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D DAVIS, JOSHUA 2132 TORTOISE SHELL DR. ORLANDO FL 32810	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Davis, Joshua 900 Kingsridge Cr Gotha FL 34734	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DAVIS, CINDY 2132 TORTOISE SHELL DR. ORLANDO FL 32810	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Davis, Cindy 900 Kingsridge Cr Gotha FL 34734	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Joshua Davis 4/27/2001 4079059724
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/00)