

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000015080

FILED  
Apr 28, 2003  
Secretary of State

Entity Name: THINKING CAP SOFTWARE, INC.

## Current Principal Place of Business:

2017 N.E. 2ND TERRACE  
CAPE CORAL, FL 33909

## New Principal Place of Business:

## Current Mailing Address:

2017 N.E. 2ND TERRACE  
CAPE CORAL, FL 33909

## New Mailing Address:

FEI Number: 65-0979946

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SCHIFFLI, LISA KAY  
2017 N.E. 2ND TERRACE  
CAPE CORAL, FL 33909

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: SCHIFFLI, ERIC EUGENE  
Address: 2017 N.E. 2ND TERRACE  
City-St-Zip: CAPE CORAL, FL 33909

Title: T ( ) Delete  
Name: SCHIFFLI, LISA KAY  
Address: 2017 N.E. 2ND TERRACE  
City-St-Zip: CAPE CORAL, FL 33909

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LISA KAY SCHIFFLI

T

04/28/2003

Electronic Signature of Signing Officer or Director

Date