

3/30/

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P00000039072**

1. Entity Name

**BEST SOFTWARE CONSULTING (USA), INC.****FILED**  
**Apr 16, 2001 8:00 am**  
**Secretary of State**

03-30-2001 90312 048 \*\*\*150.00

Principal Place of Business

4029 19TH AVENUE. S.W.  
UNIT B  
NAPLES FL 34116

Mailing Address

4029 19TH AVENUE. S.W.  
UNIT B  
NAPLES FL 34116

36627

2. Principal Place of Business

200 Aviation Dr. N  
Suite 6

3. Mailing Address

P.O. BOX 279  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City &amp; State

NAPLES, FL

City &amp; State

Bonita Springs, FL

4. FEI Number

59-3644049

Applied For

Not Applicable

Zip

34104

Country

USA

Zip

34133

Country

USA

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

6. Name and Address of Current Registered Agent

~~WOLFF, CASEY~~  
~~C/O PAULIGH, SLACK & WOLFF, P.A.~~  
~~801 ANCHOR ROBE DRIVE, STE. 203~~  
~~NAPLES FL 34103~~

7. Name and Address of New Registered Agent

Name: James W. Amburn  
Street Address (P.O. Box Number is Not Acceptable)  
28000 SPANISH WELLS BLVD  
City: BONITA SPRINGS FL Zip Code: 33435

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

TITLE	D.P.V.T.S	<input type="checkbox"/> Delete
NAME	KRUEGER, JENS	
STREET ADDRESS	2213 RIVER REACH JR.	
CITY-ST-ZIP	NAPLES, FL 34104	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JENS KRUEGER, PRESIDENT

01-13-01

Date

Daytime Phone #

CR2E034 (10/00)