

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90441 017 ***150.00

DOCUMENT # P00000076915

1. Entity Name
JCA SOFTWARE, INC.



Principal Place of Business
**3469 W. BOYNTON BEACH BLVD.
SUITE 15A
BOYNTON BEACH FL 33436**

Mailing Address
**3469 W. BOYNTON BEACH BLVD.
SUITE 15A
BOYNTON BEACH FL 33436**

2. Principal Place of Business
5366-B Venetia Court
Suite, Apt. #, etc.

3. Mailing Address
5366-B Venetia Court
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
Boynton Beach, FL
Zip
33437 Country
U.S.

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4. FEI Number **65-1032174**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GUINAN, CAROLANN
3469 W. BOYNTON BEACH BLVD.
SUITE 15A
BOYNTON BEACH FL 33436

7. Name and Address of New Registered Agent

Name **Guinan, Carolann**
Street Address (P.O. Box Number is Not Acceptable)
5366-B Venetia Court
City **Boynton Beach** **FL** Zip Code **33437**

8. The above-named entity submits this statement for the purpose of changing its registered office, registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Carolann Guinan*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2-26-03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	GUINAN, CAROLANN	
STREET ADDRESS	3469 W BOYNTON BEACH BLVD	
CITY-ST-ZIP	BOYNTON BEACH FL 33436	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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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 607, 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: *Carolann Guinan* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-26-03
Date

561-736-4020
Daytime Phone #

CR2E034 (10/02)