

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000095648 Entity Name 21st CENTURY SOFTWARE SOLUTIONS INC				FILED SECRETARY OF STATE DIVISION OF CORPORATION 01 DEC 19 PM 4:51	
Principal Place of Business		Mailing Address			
2. Principal Place of Business Po Box 593774 Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State ORLANDO FL		City & State		4. FEI Number N/A	
Zip 32859 Country USA		Zip Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ADAMS CAGAR 1061 HAITLAND CENTER COMMONS HAITLAND FL 32751			7. Name and Address of New Registered Agent Name ADAMS, TARGUIN F Street Address (P.O. Box Number is Not Acceptable) 1510 E COLONIAL DRIVE SUITE 210 City ORLANDO FL Zip Code 32803		
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 <i>[Signature]</i> <i>[Signature]</i> 10/31/01 Signature, printed or printed name of registered agent and title if applicable. (Not 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 PRESIDENT NAME R FICG STREET ADDRESS 14503 HANCOCK DR CITY-ST-ZIP ORLANDO FL 32837			TITLE PRESIDENT NAME R FICG STREET ADDRESS Po Box 593774 CITY-ST-ZIP ORLANDO FL 32859		
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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: <i>[Signature]</i> 10/31/01 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

COR2004 (11/00)

Roy J. Figg, President
Tel/Fax 407.816.1748
P.O. Box 593774
Orlando, FL 32859



October 31, 2001

Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302

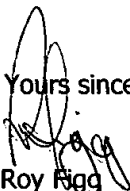
Dear Sir,

Attached is a completed Uniform Business Report, along with the filing fee of \$150.00.

We did not receive any renewal forms or notification in the mail and were surprised to find that the corporation had been dissolved.

We would appreciate if the corporation could be reinstated as soon as possible.

Yours sincerely


Roy Figg
President