

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000103488

1. Entity Name
CEREBRAL SOFTWARE, INC.

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90011 031 ***150.00

654070



DO NOT WRITE IN THIS SPACE

Principal Place of Business
3712 SECLUDED OAK CT.
MELBOURNE FL 32934

Mailing Address
3712 SECLUDED OAK CT.
MELBOURNE FL 32934

2. Principal Place of Business
2051 FOXWOOD DR
Suite, Apt. #, etc.

3. Mailing Address
2051 FOXWOOD DR
Suite, Apt. #, etc.

City & State
Melbourne, FL
Zip
32935
Country

City & State
Melbourne, FL
Zip
32935
Country
USA

4. FEI Number
59-3681344
☒ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WELCH, GEORGE J
3712 SECLUDED OAK CT.
MELBOURNE FL 32934

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
2051 Foxwood Drive
City Melbourne FL Zip Code 32935

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 George J Welch
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/30/01
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	<input type="checkbox"/> Delete
NAME	WELCH, GEORGE J	
STREET ADDRESS	3712 SECLUDED OAK CT.	
CITY-ST-ZIP	MELBOURNE FL 32934	
TITLE	D	<input type="checkbox"/> Delete
NAME	WELCH, KATHLEEN	
STREET ADDRESS	3712 SECLUDED OAK CT.	
CITY-ST-ZIP	MELBOURNE FL 32934	
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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WELCH, GEORGE J	
STREET ADDRESS	2051 FOXWOOD DR	
CITY-ST-ZIP	MELBOURNE, FL. 32935	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WELCH, KATHLEEN	
STREET ADDRESS	2051 FOXWOOD DR	
CITY-ST-ZIP	MELBOURNE, FL 32935	
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: George J Welch
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01 321-861-9005
Date Daytime Phone #

CR2E034 (10/00)