## **2001 UNIFORM BUSINESS REPORT (UBR)** FILED May 11, 2001 8:00 am Secretary of State DOCUMENT # P.00000110189 CONSERVACY SOFTWARE GROUP, INC. 05-11-2001 90300 010 \*\*\*150.00 Mailing Address Principal Place of Business 1228 CONSERVÁČY DR. EAST 1228 CONSERVACY DR. EAST TALLAHASSEE FL 32312 TALLAHASSEE FL 32312 2. Principal Place of Business 3. Mailing Address 1728 CONSERVANCE DRE 1228 CONSELVANCY DRE DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number ALLAHASSEE Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DUEY. HEATHER M ess (P.O. Box Number is Not Acceptable) 1228 CONSERVACY DR. EAST TALLAHASSEE FL 32312 8. The above named entity submits this state front for the purpose of changing its registered office or registered agent, or both, in the State of Florida le if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition Change TITI F TITLE **PCEO** □ Delete NAME NAME DUEY, HEATHER M 1228 CONSERVANCY DLIVE EAST STREET ADDRESS STREET ADDRESS 1228 CONSERVACY DR. EAST TALLATHASSEE FL 32312 CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32312 ☐ Change ☐ Addition ☐ Delete TITLE TITLE street name spelled wrong) NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

MANATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04232001

399 9619

Daytime Phone #