

# 2002 UNIFORM BUSINESS REPORT (UBR)

5/1

**FILED**  
**Jun 03, 2002 8:00 am**  
**Secretary of State**

05-15-2002 90029 038 \*\*\*150.00

**DOCUMENT # P01000019333**

1. Entity Name  
**SOFTRENT SYSTEMS, INC.**

Principal Place of Business

**4502 SOUTHAMPTON COURT  
TAMPA FL 33624**

Mailing Address

**4502 SOUTHAMPTON COURT  
TAMPA FL 33624**

2. Principal Place of Business

**4585 140th Ave. N**

3. Mailing Address

**4585 140th Ave. N**

Suite, Apt. #, etc.

**1010**

Suite, Apt. #, etc.

**1010**

City & State

**Clearwater, FL**

City & State

**Clearwater, FL**

4. FEI Number

**59-3703603**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**NOONAN, JOHN F  
4502 SOUTHAMPTON COURT  
TAMPA FL 33624**

7. Name and Address of New Registered Agent

Name **Lloyd Demers**

Street Address (P.O. Box Number is Not Acceptable)

**700 Island Way**

**Unit 804**

City **Clearwater, FL**

**FL**

Zip Code

**33767**

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 *Lloyd R. Demers*

Signature of person or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**4/22/2002**

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, 2002 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** ☒ Delete  
NAME **NOONAN, JOHN F**  
STREET ADDRESS **4502 SOUTHAMPTON COURT**  
CITY-ST-ZIP **TAMPA FL 33624**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **OD** ☐ Change ☒ Addition  
NAME **LLOYD DEMERS**  
STREET ADDRESS **700 ISLAND WAY UNIT 804**  
CITY-ST-ZIP **CLEARWATER, FL 33767**

TITLE **D** ☐ Change ☒ Addition  
NAME **RICHARD BRITTON**  
STREET ADDRESS **7801 RIVERS AVE, #260**  
CITY-ST-ZIP **NORTH CHARLESTON, SC 29406**

TITLE **D** ☐ Change ☒ Addition  
NAME **ROBERT HORNBERGER**  
STREET ADDRESS **4056 NW 23rd CIRCLE**  
CITY-ST-ZIP **GAINESVILLE, FL 32605**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *Lloyd R. Demers*  
PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04/22/2002**  
Date

**727-532-4919**  
Daytime Phone #

CR2E034 (9/01)