

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 18, 2002 8:00 am**  
**Secretary of State**

04-18-2002 90409 048 \*\*\*150.00

DOCUMENT # **PD1000032973**

1. Entity Name

**Custom Software Designs, Inc**

**DO NOT WRITE IN THIS SPACE**

**B0068702**

2. Principal Place of Business

**21911 LAKE Forest Cir.**

3. Mailing Address

**21911 LAKE Forest Cir.**

Suite, Apt. #, etc.

**Suite 104**

Suite, Apt. #, etc.

**Suite 104**

City & State

**Boca Raton, FL**

City & State

**Boca Raton, FL**

4. FEI Number

**65-1100509**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

**John M. Judd**

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

**21911 LAKE Forest Cir. #104**

City **Boca Raton**

FL

Zip Code **33433**

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

Signature, typewritten printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

**4/9/02**

9. This corporation is eligible to satisfy its intangible

Tax filing requirement and elects to do so.  
(See criteria on back) ☒

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

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 NAME STREET ADDRESS CITY - ST - ZIP	<b>PRESIDENT John M. Judd 21911 LAKE Forest Cir #104 Boca Raton, FL 33433</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Director Michelle Judd 21911 LAKE Forest Cir. #104 Boca Raton, FL 33433</b>
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**John Judd - John Judd**

**4/9/02 561-395-1622**

Date

Daytime Phone #

CR2E034B (12/01)