

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State
 05-13-2002 90190 010 ***158.75

DOCUMENT # P01000040031

1. Entity Name
LIKESOFT INC.

Principal Place of Business
1900 S OCEAN DRIVE SUITE 210
FORT LAUDERDALE FL 33316

Mailing Address
1900 S OCEAN DRIVE SUITE 210
FORT LAUDERDALE FL 33316

2. Principal Place of Business
1900 S. OCEAN DR

3. Mailing Address
1900 S. OCEAN DR.

Suite, Apt. #, etc.
210

Suite, Apt. #, etc.
210

City & State
Fort LAUDERDALE, FL

City & State
Fort LAUDERDALE, FL

Zip
33316

Country
USA

Zip
33316

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number ☒ **Applied For**
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GORE, LAURENCE D ESQ
2400 EAST COMMERCIAL BLVD SUITE 709
FORT LAUDERDALE FL 33308

Name

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

City

FL

Zip Code

☒ 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, typed or printed name of registered agent and title if applicable. (NOTE: 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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **MCCORMICK, MARK**
STREET ADDRESS **1900 S OCEAN DRIVE SUITE 210**
CITY-ST-ZIP **FORT LAUDERDALE FL 33316**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Mark McCormick
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12-11-02

CR2E034 (9/01)

Attachment
Doc # PO10000210031
855341

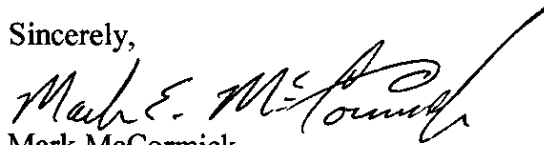
April 26, 2002

Hi,

Our (LikeSoft's Inc.) address has changed to:

7019 N. Lagoon Dr.
Panama City Beach, Florida
32408

Sincerely,


Mark McCormick