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May 14, 2002 8:00 am
Secretary of State
05-14-2002 90275 013 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000096719

1. Entity Name: SOFTWARE SOURCE INC
801 W STATE ROAD 436 SUITE 2045
ALTAMONTE SPRINGS, FL 32714

656638

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 801 W STATE ROAD 436
Suite, Apt. #, etc.: SUITE 2045
City & State: ALTAMONTE SPRINGS FL
Zip: 32714 Country: USA

3. Mailing Address:
Suite, Apt. #, etc.: SAME
City & State:
Zip: Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number: 22-3832139 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: Richard L Whaley
Street Address (P.O. Box Number is Not Acceptable): 801 W. State Road 436 Suite 2045
City: Altamonte Springs FL Zip Code: 32714

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] (Richard L. Whaley) 4/26/02
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) ☐

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	Presidena	TITLE	
NAME	Richard L. Whaley	NAME	
STREET ADDRESS	967 Southridge Trail	STREET ADDRESS	
CITY-ST-ZIP	Altamonte Springs FL 32714	CITY-ST-ZIP	
TITLE	Vice Presidena	TITLE	
NAME	Debra R. Turner	NAME	
STREET ADDRESS	350 Chinack Cr.	STREET ADDRESS	
CITY-ST-ZIP	Lake Mary FL. 32746	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

12. 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] (Richard L. Whaley) 4/26/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #