

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90244 016 \*\*\*150.00

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DOCUMENT # P01000116066

1. Entity Name  
STAATS SOFTWARE DEVELOPMENT, INC.



Principal Place of Business  
1950 DEERFOOT RUN  
DELAND FL 32720

Mailing Address  
1950 DEERFOOT RUN  
DELAND FL 32720



2. Principal Place of Business

1770 Iroquois Dr.  
Suite, Apt. #, etc.

3. Mailing Address

549 N. Volusia Ave.  
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

Apopka, FL

City & State

Orange City, FL

4. FEI Number

56-1949213

Applied For

Not Applicable

Zip

32703

Country

Zip

32763

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

STAATS, WAYNE J  
1950 DEERFOOT RUN  
DELAND FL 32720

7. Name and Address of New Registered Agent

Name  
Wayne J Staats

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

1770 Iroquois Dr.

City  
Apopka

FL

Zip Code  
32703

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/30/03

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
STAATS, WAYNE J  
1950 DEERFOOT RUN  
DELAND FL 32720 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
1770 Iroquois Dr.  
Apopka, FL 32703 ☒ Change ☐ Addition

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

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

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

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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ☒

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/03

Date

Daytime Phone #

CR2E034 (10/02)