## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT #

P02000072521

Mailing Address

4254 MEETING PL

1. Entity Name

4254 MEETING PL

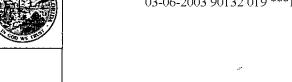
JTE SOFTWARE, INC.

Principal Place of Business



## Mar 06, 2003 8:00 am % Secretary of State **FILED**

03-06-2003 90132 019 \*\*\*150.00



SANFORD FL 32773		SANFORD FL 32773						
2. Principal Place of Business		3. Mailing Address			-	1 18011881 11: 80118 11017 00111 00111 00111 00111		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			7	CHECK HERE IF MAKING CHANGES		
City & State		City & State				FEI Number 82-055-2259		Applied For Not Applicable
Zip <u>Co</u>	Country Zip			у			\$8:75 A	Additional
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
0. 1101110 0110 1	addition of Garretti Hogister	- Agen		Name		rune and Address of New Hogistered	Agoin	<del></del>
DRAKE, LEE R 4254 MEETING PL				Street Address (P.O. Box Number is Not Acceptable)				
SANFORD FL 32773								····
*****			City		FI	Zip C	ode	
the obligations of registered a		oose of changing its	registered	d office or registe	ered ag	ent, or both, in the State of Florida. I arr	familiar wit	h, and accept
SIGNATURE	d name of registered agent and title if app	plicable. (NOTE	: Registered	Agent signature require	ed when re	einstating) DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Fiorida Department of State						Election Campaign Financing     Trust Fund Contribution.	<b>\$5</b> □ Add	.00 May Be led to Fees
10. OFFICERS AND DIRECTORS			11.		AD	DITIONS/CHANGES TO OFFICERS AN	D DIRECTO	RS IN 11
TITLE D DRAKE, LEE R STREET ADDRESS CITY-ST-ZIP SANFORD FL 3		Delete	TITLE NAME STREE CITY-S	T ADDRESS			☐ Chang	e Addition
NAME STREET ADDRESS CITY-ST-ZIP		Delete		T ADDRESS ST-ZIP			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-5	r address st-zip			☐ Change	e ☐ Addition
TITLE  VAME  STREET ADDRESS  CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	ADDRESS ST-ZIP			☐ Change	e
ITLE  IAME  STREET ADDRESS  CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	TADDRESS			☐ Change	Addition
ITILE IAME STREET ADDRESS CITY-ST-ZIP		□ Delete	CITY-S			119 07(3)(i). Florida Statutes 1 further ce	☐ Change	

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 addless, with all other like empowered.

**SIGNATURE:** 

Daytime Phone #