

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000043841

1. Entity Name  
CORPORATE SOFTWORX, INC.

**FILED**  
**Sep 13, 2000 8:00 am**  
**Secretary of State**

09-13-2000 90044 039 \*\*\*550.00

Principal Place of Business

2901 W BUSCH BLVD  
STE 1000 701  
TAMPA FL 33618  
US

Mailing Address

2901 W BUSCH BLVD  
STE 1000 701  
TAMPA FL 33618  
US

2. Principal Place of Business

2901 W. Busch Blvd  
Suite, Apt. #, etc.  
Suite 701  
City & State  
Tampa FL  
Zip  
33618  
Country  
US

3. Mailing Address

2901 W. Busch Blvd.  
Suite, Apt. #, etc.  
Suite 701  
City & State  
Tampa FL  
Zip  
33618  
Country  
US



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3189098

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

EMSLEY, BERNIE  
2901 W BUSCH BLVD  
STE 1000 701  
TAMPA FL 33618

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, 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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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

TITLE	P	<input type="checkbox"/> Delete
NAME	EMSLEY, BERNIE	
STREET ADDRESS	11618 BRANCH MOORING DR	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BERNIE EMSLEY 9/9/00

Date

Daytime Phone #

813-935-9245

CR2E034 (5/00)