

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90079 039 ***150.00

0628567 AT

DOCUMENT # P93000048810

1. Entity Name

COMMUNICATION SOFTWARE INC.

Principal Place of Business

% 3020 N. FEDERAL HIGHWAY, BLDG. 11
 FT. LAUDERDALE FL 33306

Mailing Address

130 GROVE AVE
 CORTE MADERA CA 94925
 US

2. Principal Place of Business

2307 NW Juniper St

3. Mailing Address

2307 NW Juniper St

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Bend OR

City & State

Bend OR

4. FEI Number

65-0438597

Applied For

Not Applicable

Zip

97701

Country

US

Zip

97701

Country

US

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

STEARNS, DAVID B
 7025 BECACASA WAY SUITE 208
 BOCA RATON FL 33433

7. Name and Address of New Registered Agent

Name

Stearns, David B

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

2101 Corporate Blvd

Suite 101

City

Boca Raton

FL

Zip Code

33431

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

2/28/02

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

TITLE VD
 NAME BRANDT, BENNE M
 STREET ADDRESS 130 GROVE AVE
 CITY-ST-ZIP CORTE MADERA CA ☐ Delete

TITLE P
 NAME BRANDT, JEFFREY L
 STREET ADDRESS 130 GROVE AVE
 CITY-ST-ZIP CORTE MADERA CA ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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 CITY-ST-ZIP ☐ Change ☐ Addition

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

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

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 lines empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

25-02 -415945082

CFR2034 (9/01)