## 2000 UNIFORM BUSINESS REPORT (UBR)

## May 01, 2000 08:00 AM DOCUMENT # P9300053607 **Secretary of State** ENNIS SOFTWARE ENGINEERING CORPORATION Principal Place of Business Mailing Address 2264 HAMLET DRIVE 2264 HAMLET DRIVE MELBOURNE FL MELBOURNE FL 32934 32934 2. Principal Place of Business 3. Mailing Address 4300 CAREYWOOD DRIVE 4300 CAREYWOOD DRIVE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For MELBOURNE FL MELBOURNE FL 59-3195395 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П 32934 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CHARLES ENNIS CHARLES 2264 HAMLET DRIVE Street Address (P.O. Box Number is Not Acceptable) 4300 CAREYWOOD DRIVE MELBOURNE FL 32934 City Zip Code MELBOURNE 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. 05/01/2000 SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible After MAY 1, 2000 Fee will be \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE ☐ Delete X Change ☐ Addition ENNIS CHARLES NAME ENNIS CHARLES STREET ADDRESS 2264 HAMLET DRIVE STREET ADDRESS 4300 CAREYWOOD DRIVE CITY-ST-ZIP MELBOURNE $\mathbf{FL}$ CITY-ST-ZIP MELBOURNE TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-718 ☐ Delete TITLE TILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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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.

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