

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000062393

1. Entity Name  
SOFTWARE PUBLISHERS GROUP, INC.

**FILED**  
**May 03, 2001 8:00 am**  
**Secretary of State**

05-03-2001 91135 050 \*\*\*150.00

Principal Place of Business

4636 HARBOUR N CT  
JACKSONVILLE FL 32225  
US

Mailing Address

BARRY ANSBACHER  
1301 RIVERPLACE STE 2450  
JACKSONVILLE FL 32207  
US

2. Principal Place of Business

4636 Harbour N. Ct

3. Mailing Address

Suite, Apt. #, etc.

City & State

Jacksonville, Florida

City & State

Zip

32225

Country

U.S.

Zip

Country

4. FEI Number

59-3203246

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ANSBACHER, BARRY B  
2450 RIVER PLACE TOWER  
1301 RIVER PLACE BOULEVARD  
JACKSONVILLE FL 32207

7. Name and Address of New Registered Agent

Name

Barry B. Ansbacher, P.A.

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

Unchanged

Unchanged

City

Unchanged

FL

Zip Code

Unchanged

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 \$150.00**  
**After MAY 1, 2001 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
HIBBARD, WILLIAM K  
4636 HARBOUR NORTH COURT  
JACKSONVILLE FL 32225 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TS  
GARRIAN, GARY  
8049 ARLINGTON EXWAY #11  
JACKSONVILLE FL 32211 ☐ 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

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☐ Change ☐ Addition

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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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

0012730