

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000066484

1. Entity Name

SOFTWARE MANAGEMENT CONSULTANTS INC.

FILED
Mar 13, 2000 8:00 am
Secretary of State

03-13-2000 90019 029 ***150.00

Principal Place of Business

380 SEMORAN COMMERCE PLACE
B208
APOPKA FL 32703
US

Mailing Address

380 SEMORAN COMMERCE PLACE
B208
APOPKA FL 32703-4684
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3206598

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MAIORELLO, ALFRED
380 SEMORAN COMMERCE PLACE
SUITE B208
APOPKA FL 32703

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 \$150.00
After MAY 1, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	MAIORELLO, ALFRED	
STREET ADDRESS	380 SEMORAN COMMERCCE PLACE #B208	
CITY-ST-ZIP	APOPKA FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	LEE, RONNIE	
STREET ADDRESS	612 QUAIL DRIVE	
CITY-ST-ZIP	CHERAW SC 29520	
TITLE	V	<input type="checkbox"/> Delete
NAME	JORDAN, IV A	
STREET ADDRESS	121-A DR, AHRDDY CIRCLE	
CITY-ST-ZIP	DILLON SC	
TITLE	ST	<input type="checkbox"/> Delete
NAME	JORDAN, THOMAS M	
STREET ADDRESS	116 DR HARDY CIRCLE	
CITY-ST-ZIP	DILLON SC	
TITLE	V	<input type="checkbox"/> Delete
NAME	JORDAN, L. COOPER	
STREET ADDRESS	225 LAKESIDE DRIVE	
CITY-ST-ZIP	DILLON SC 29536	
TITLE		<input type="checkbox"/> Delete
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
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
NAME		
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 officer-like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALFRED L. MAIORELLO

Date

Daytime Phone #

3/5/00 407-580-6484

60363 (3-2000) CH