

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State
 05-28-2002 91649 030 ***150.00

0534854
 SP

DOCUMENT # P93000083317

1. Entity Name
FRIENDLY SOFTWARE CORPORATION

Principal Place of Business
 1301 RIVERPLACE BLVD
 STE 1609
 JACKSONVILLE FL 32207
 US

Mailing Address
 1301 RIVERPALCE BLVD
 STE 1609
 JACKSONVILLE FL 32207
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3214980

Applied For

Not Applicable

Zip

Country

Zip

Country

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

PEEK, EUGENE G III
1301 RIVERPALCE BLVD STE 1609
JACKSONVILLE FL 32207

Name **NICHOLAS J. RUBINO**

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

159 LOOKOUT PLACE, SUITE 101

City **MAITLAND**

FL

Zip Code **32751**

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 *Nicholas J. Rubino*

NICHOLAS J. RUBINO, REGISTERED AGENT 5/1/02

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DCST** ☒ Delete
 NAME **PEEK, EUGENE G III**
 STREET ADDRESS **1301 RIVERPALCE BLVD STE 1609**
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **D** ☐ Change ☒ Addition
 NAME **FRANK P. ENGEL**
 STREET ADDRESS **1628 HENTHORN DR. SUITE 100**
 CITY-ST-ZIP **MAUMEE, OH 43537**

TITLE **DP** ☒ Delete
 NAME **BALES, WILLIAM T**
 STREET ADDRESS **1301 RIVERPALCE BLVD STE 1609**
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **DP** ☐ Change ☐ Addition
 NAME **WILLIAM T. BALES**
 STREET ADDRESS **1628 HENTHORN DR. SUITE 100**
 CITY-ST-ZIP **MAUMEE, OH 43537**

TITLE **DV** ☒ Delete
 NAME **BALES, BRUCE F**
 STREET ADDRESS **1301 RIVERPLACE BLVD STE 1609**
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **BRV** ☐ Change ☐ Addition
 NAME **BRUCE F. BALES**
 STREET ADDRESS **1628 HENTHORN DR SUITE 100**
 CITY-ST-ZIP **MAUMEE, OH 43537**

TITLE **D** ☒ Delete
 NAME **PEEK, DAVID H**
 STREET ADDRESS **1301 RIVERPLACE BLVD STE 1609**
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **D** ☐ Change ☒ Addition
 NAME **REINHARD ZSCHBACH**
 STREET ADDRESS **1628 HENTHORN DR. SUITE 100**
 CITY-ST-ZIP **MAUMEE, OH 43537**

TITLE **D** ☒ Delete
 NAME **MELNYK, STEVEN N**
 STREET ADDRESS **1301 RIVERPLACE BLVD STE 1609**
 CITY-ST-ZIP **JACKSONVILLE FL 32207**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *William T. Bales* **WILLIAM T. BALES** **PRESIDENT** **5/1/02** **419-868-6091**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)