

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90462 037 ***150.00

DOCUMENT # P93000083317

1. Entity Name
FRIENDLY SOFTWARE CORPORATION



Principal Place of Business
1628 HENTHORNE DRIVE STE 100
MAUMEE OH 43537
US

Mailing Address
1301 RIVERPLACE BLVD
STE 1609
JACKSONVILLE FL 32207
US

2. Principal Place of Business

3. Mailing Address
159 Lookout Pl, Suite 101

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 101

City & State

City & State
Jacksonville, FL

Zip

Country

Zip

Country

32207

USA

4. FEI Number **59-3214980**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RUBINO, NICHOLAS J
159 LOOKOUT PL
STE 101
JACKSONVILLE FL 32207

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **ENGEL, FRANK P**
STREET ADDRESS **1628 HENTHORNS DR STE 100**
CITY-ST-ZIP **MAUMEE OH 43537**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1628 HENTHORNE DR STE 100**
CITY-ST-ZIP

TITLE ☐ Delete
NAME **BALES, WILLIAM T**
STREET ADDRESS **1628 HENTHORNS DR STE 100**
CITY-ST-ZIP **MAUMEE OH 43537**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1628 HENTHORNE DR STE 100**
CITY-ST-ZIP

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

TITLE ☒ Change ☐ Addition
NAME **BRUCE F. BALES**
STREET ADDRESS **1628 HENTHORNE DR STE 100**
CITY-ST-ZIP **MAUMEE OH 43055**

TITLE ☐ Delete
NAME **ESCHBACH, REINHARD**
STREET ADDRESS **1628 HENTHORNS DR STE 100**
CITY-ST-ZIP **MAUMEE OH 43537**

TITLE ☒ Change ☐ Addition
NAME **ESCHBACH REINHARD**
STREET ADDRESS **1628 HENTHORNE DR STE 100**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIREMENTS
WILLIAM T. BALES

4/14/03
Date

919-868-6090
Daytime Phone #

CR2E034 (10/02)