

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

May 16, 2000 8:00 am
Secretary of State

05-16-2000 90131 039 ***150.00

DOCUMENT # P94000012030

1. Entity Name

PRODATA SOFTWARE SOLUTIONS, INC.

Principal Place of Business

Mailing Address

**2041 W. 1 ST
FORT MYERS FL 33901**

**2041 W. 1 ST
FORT MYERS FL 33901-3110**

2. Principal Place of Business

16387 S Tamiami Tr.

Suite, Apt. #, etc.

Suite 5

City & State

Fort Myers FL

Zip

33908

Country

USA

3. Mailing Address

16387 S Tamiami Tr.

Suite, Apt. #, etc.

Suite 5

City & State

Fort Myers FL

Zip

33908

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0482247**

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

GARY, FRANK

2041 W. 1 ST

FORT MYERS FL 33901

Name

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

16387 S Tamiami Trail

Suite 5

City

Fort Myers

FL

Zip Code

33908

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVTS GARY, FRANK 2041 W. 1 ST FORT MYERS FL 33901 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	16387 S Tamiami Trail Fort Myers FL 33908 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.

SIGNATURE:

Frank Gary
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)