

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2002 8:00 am
Secretary of State

01-31-2002 90002 001 ***150.00

DOCUMENT # P94000012030

1. Entity Name

PRODATA SOFTWARE SOLUTIONS, INC.

Principal Place of Business Mailing Address
16387 S. TAMiami TRl **16387 S. TAMiami TRl**
STE 5 **STE 5**
FORT MYERS FL 33908 **FORT MYERS FL 33908**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **16387 S. Tamiami Trail** 3. Mailing Address **16387 S. Tamiami Trail**
Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 5 **Suite 5**
City & State **Fort Myers FL** City & State **Fort Myers FL**
Zip **33908** Country **USA** Zip **33908** Country **USA**

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

GARY, FRANK
16387 S. TAMiami TRl
STE 5
FORT MYERS FL 33908

7. Name and Address of New Registered Agent

Name **Gray, Frank**
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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

TITLE	PVTS	<input type="checkbox"/> Delete
NAME	GARY, FRANK	
STREET ADDRESS	16387 S. TAMiami TRl	
CITY-ST-ZIP	FORT MYERS FL 33908	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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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 other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-02

Date

941 482 6500

Daytime Phone #

CR2E034 (9/01)